

**1 Taxpayer Information** - Taxpayer(s) must sign and date this form.

|                              |                                    |                             |
|------------------------------|------------------------------------|-----------------------------|
| Taxpayer name(s) and address | Social Security Number(s)<br>_____ | VA Account Number<br>_____  |
|                              | Daytime Telephone Number<br>_____  | Employer ID Number<br>_____ |

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

**2 Representative(s)** - All representative(s) must sign and date this form.

|                  |  |
|------------------|--|
| Name and address | Telephone Number _____<br>Fax Number _____<br>E-Mail Address _____ |
| Name and address | Telephone Number _____<br>Fax Number _____<br>E-Mail Address _____ |
| Name and address | Telephone Number _____<br>Fax Number _____<br>E-Mail Address _____ |

to represent the taxpayer(s) before the Virginia Department of Taxation for the following tax matters:

**3 Tax Matter** - Enter type of tax and year(s) or period(s) or date of death if Estate Tax.

| Type of Tax                  | Tax Form Number | Year(s) or Period(s) |
|------------------------------|-----------------|----------------------|
| <b>Individual Income Tax</b> |                 |                      |
|                              |                 |                      |
|                              |                 |                      |

**4 Acts authorized** - The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3. The authority does not include the power to receive refund checks, the power to substitute another representative, the authority to execute a request for a tax return or the power to sign certain returns, or a consent to disclose tax information unless specifically added below.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney: \_\_\_\_\_

This Power of Attorney and Release revokes all previous Powers of Attorney and Releases received by the Department of Taxation for the matters and years or periods covered by this form, except the following:

(Specify to whom granted, date and address including ZIP code, and attach copies of earlier power(s) and authorizations.)

**Signature of taxpayer(s)** - If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

|          |            |                      |      |
|----------|------------|----------------------|------|
| <b>X</b> | Signature  | Title, if applicable | Date |
| <b>X</b> | Print Name |                      |      |
|          | Signature  | Title, if applicable | Date |
|          | Print Name |                      |      |