

Power of Attorney

▶ See instructions on reverse side.

(Please type or print)	Part 1 Taxpayer(s) name(s)	Social security number(s)	Customer identification number
	Address (number and street)	Federal identification number	
	City, state, and ZIP code	Telephone number – daytime ()	E-Mail address

Part 2 hereby appoint(s) the following individual(s)

Name	Address	Telephone Number
		()
		()
		()

as attorney(s)-in-fact to represent the taxpayer(s) before the Department of Revenue for the tax matter(s) specified in Part(s) 3a and 3b.

Part 3a	Type of Tax	Wisconsin I.D. Number for Tax Checked	▶ Tax Year(s) or Period(s) Covered
<input checked="" type="checkbox"/>	Individual Income Tax		
<input type="checkbox"/>	Corporation Franchise or Income Tax		
<input type="checkbox"/>	Sales/Use Tax		
<input type="checkbox"/>	Withholding Tax		
<input type="checkbox"/>	Other (list type of tax/matter) _____		

Part 3b Complete if Power of Attorney is limited to:

Field/office audit matters Appeal of notice dated _____
 All delinquent tax matters Other _____

Part 4 Exclusions – Said attorney(s)-in-fact shall, subject to revocation, have authority to receive confidential information and the power to perform on behalf of the taxpayer(s) any and all acts with respect to the above tax matters **except for the following specifically excluded acts:**

Attorney-in-fact is **not** authorized to inspect tax returns/reports
 Attorney-in-fact is **not** authorized to receive notices, assessments, determinations, redeterminations, tax forms, billings, refunds, communications and correspondence containing confidential information
 Attorney-in-fact is **not** authorized to represent the taxpayer(s) at conferences and hearings
 Attorney-in-fact is **not** authorized to execute waivers extending the statutory period of assessment or collection of taxes
 Attorney-in-fact is **not** authorized to execute other acts _____
 Attorney-in-fact is **not** authorized to use e-mail to send and/or receive confidential tax information with the department

Part 5

Send notices and other written communications to: Attorney-in-fact Taxpayer Both ▶ I understand, agree, and accept:

If only the Attorney-in-fact box is checked, any written communications will be sent to only the attorney-in-fact. If only the Taxpayer box is checked, any written communications will be sent to only the taxpayer. If no box is checked, any written communications will be sent to only the taxpayer. If the Both box is checked, all written communications, including extension agreements, will be sent to only the attorney-in-fact, but final actions; for example, assessments, refunds, and refund denials will be sent to both the attorney-in-fact and the taxpayer. RECEIPT BY EITHER THE ATTORNEY-IN-FACT OR THE TAXPAYER WILL BE RECEIPT BY BOTH. However, duplicate copies of computer generated sales, withholding and delinquent tax notices and other written communications cannot be issued due to current system restraints and therefore, these communications will be sent to only the attorney-in-fact.

Part 6

This Power of Attorney revokes all prior Powers of Attorney on file with the Wisconsin Department of Revenue with respect to the same matters and years or periods covered by this instrument, except the following:

(Specify to whom granted, date, and address, or refer to attached copies of prior powers of attorney)

Part 7

I understand that the execution of this Power of Attorney does not relieve me of personal responsibility for correctly and timely reporting and paying taxes, or from the penalties for failure to do so, all as provided for under Wisconsin tax law. I understand a photocopy and/or faxed copy of this form has the same authority as the signed original.

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer:

Signature	Title	Date
X		
Signature	Title	Date

This Power of Attorney is not valid unless signed by the individual(s), corporate officer, partner or fiduciary. Refer to instructions on reverse side.