

1. TAXPAYER/GRANTOR INFORMATION

* Taxpayer/grantor's last name OR company's name	* Taxpayer/grantor's first name/middle initial	* Taxpayer/grantor's SSN OR EIN
* Spouse's last name	* Spouse's first name/middle initial	* Spouse's SSN
* Current address		Daytime telephone number
* City	State	ZIP Code
Email address		

2. REPRESENTATIVES - If you provide a representative name, authorization is limited to that individual. If a you provide a company name without specifying an individual, authorization is granted to employees of the company.

Firm or company's legal name	PTIN, EIN, or SSN		
Name	Telephone number		
* Current address	Fax number		
* City	State	ZIP Code	Email address

Cease date of this POA (optional): _____

Check here if you **DON'T** want the representative to receive copies of notices and communications: ☐**3. TAX MATTERS APPROVED FOR REPRESENTATION**

The above representative is hereby appointed as attorney-in-fact to represent the taxpayer/grantors before the Idaho State Tax Commission for the following tax or fee matters. You must identify the tax or fee type, permit number (if applicable), and specific tax periods.

The representatives generally are authorized to receive and inspect confidential tax or fee information and records and perform any and all actions that the taxpayer/grantors named above can perform with respect to the specified tax or fee matters listed. The authorization **doesn't** include the power to receive refund checks or appoint additional representatives.

*Tax or Fee Types	State Tax/Fee Permit Number	*Tax Periods (Check "All" OR provide range)
<input type="checkbox"/> Individual income tax OR <input type="checkbox"/> Business income tax		<input type="checkbox"/> All
<input type="checkbox"/> Sales & use tax		<input type="checkbox"/> All
<input type="checkbox"/> Income tax withholding		<input type="checkbox"/> All
<input type="checkbox"/> Other tax/fee (specify) _____		<input type="checkbox"/> All
<input type="checkbox"/> All		<input type="checkbox"/> All

☐ Check here to revoke all prior POAs☐ Check here to keep all prior POAs☐ Check here to revoke the following POAs
_____**4. SIGNATURE OF TAXPAYER/GRANTORS**All parties identified in Section 1 **MUST** sign.

If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer/grantor: I certify that I have the authority to execute this form.

* Print name	* Signature	Title (if applicable)	Date
* Print name	* Signature	Title (if applicable)	Date

*** Required information. This form is valid if you complete all required information. We'll return incomplete forms to you.**