



Missouri Department of Revenue
Power of Attorney

Department Use Only
(MM/DD/YY)

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Taxpayer Missouri
Tax I.D. Number

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Taxpayer Federal
Employer I.D. Number

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Taxpayer Social
Security Number

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14504010001

All appointed representatives must sign on reverse side of this form.

Taxpayer's Name or Business Name			
Spouse's Name or if a dba, state the business name			Spouse's Social Security Number
Street Address			Missouri Charter Number
City	State	Zip Code	Telephone Number () - - - - -
E-mail Address			

Representative(s)	Name of Appointed Representative	Address
	Telephone Number () - - - - -	E-mail Address
	Name of Appointed Representative	Address
	Telephone Number () - - - - -	E-mail Address
	Name of Appointed Representative	Address
	Telephone Number () - - - - -	E-mail Address

Tax Type(s)	<input type="checkbox"/> Cigarette or Other Tobacco Products	<input type="checkbox"/> Corporation Income and Corporation Franchise	<input type="checkbox"/> Personal Income
	<input type="checkbox"/> Motor Fuel	<input type="checkbox"/> Sales or Use	<input type="checkbox"/> Withholding
	<input type="checkbox"/> Other _____		

Year(s) and Period(s)	<input type="checkbox"/> All Tax Periods	<input type="checkbox"/> Tax Year or Period(s) Only _____
	<input type="checkbox"/> Range of Tax Tax Period Beginning ____ / ____ / _____ to Tax Period Ending ____ / ____ / _____	<input type="checkbox"/> Date of Death (if estate tax) ____ / ____ / _____

Removal of Power	<input type="checkbox"/> All other powers of attorney on file with the Department shall remain in effect, or
	<input type="checkbox"/> By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked, except the following: (specify to whom the power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.) Attach additional forms if needed. _____ _____

Signature

Under penalties of perjury, I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____

Please consult Missouri Regulation [12 CSR 10-41.030](#) for any questions about who may serve as an attorney(s)-in-fact and what additional documentation may be required.

I declare that I am aware of Regulation [12 CSR 10-41.030](#) and that I am authorized to represent the taxpayers identified above for the tax matters there specified and that I am one of the following:

- | | |
|--|---|
| 1. a member in good standing of the bar; | 5. a fiduciary for the taxpayer; |
| 2. a certified public accountant duly qualified to practice; | 6. an enrolled agent; |
| 3. an officer of the taxpayer organization; | 7. tax preparer, or |
| 4. a full-time employee of the taxpayer; | 8. other authorized representative or agent |

Note: All appointed representatives must sign below.

Declaration of Representative(s)

Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____/____/____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	

Mail to:

(Business Tax)
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

(Personal Tax)
Taxation Division
P.O. Box 2200
Jefferson City, MO 65105-2200
Phone: (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov

(Motor Fuel Tax)
Taxation Division
P.O. Box 300
Jefferson City, MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

(Cigarette or Other Tobacco Products Tax)
Taxation Division
P.O. Box 811
Jefferson City, MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Form 2827 (Revised 12-2014)



Visit <http://dor.mo.gov> for additional information.



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