

STATE OF HAWAII - DEPARTMENT OF TAXATION  
**POWER OF ATTORNEY**

**PART I** POWER OF ATTORNEY (Please type or print.)

**1 Taxpayer Information**

Taxpayer name(s) and address (Please type or print.)	<b>Social security number(s)</b>	<b>Federal Employer I. D. No.</b>
		<b>Hawaii I.D. Number</b>
	Daytime telephone number ( )	Fax number ( )
	E-mail address	

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

**2 Representative(s) (Representative(s) must sign and date this form on page 2, Part II.)**

Name and address	Telephone No. ( ) Fax No. ( ) E-mail address Check if new: Address <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/>
Name and address	Telephone No. ( ) Fax No. ( ) E-mail address Check if new: Address <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/>
Name and address	Telephone No. ( ) Fax No. ( ) E-mail address Check if new: Address <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/>
Name and address	Telephone No. ( ) Fax No. ( ) E-mail address Check if new: Address <input type="checkbox"/> Telephone <input type="checkbox"/> Fax <input type="checkbox"/> E-mail <input type="checkbox"/>

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

**3 Tax Matters**

Type of Tax (Income, General Excise, etc.)	Tax Form Number (N-11, N-12, N-13, G-49, etc.)	Year(s) or Period(s)

**4 Acts Authorized.**—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, tax clearance applications, or other documents. The authority does not include the power to receive refund checks or the power to sign certain returns.

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

- 5 Notices and Communications.**—Copies of notices and other written communications will be sent to the first representative listed on line 2.
- a** If you want the second representative listed to receive copies of such notices and communications in lieu of the first representative, check this box
  - b** If you do not want any copies of notices or communications sent to your representative(s), check this box
- 6 Retention/Revocation of Prior Power(s) of Attorney.**—The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the State of Hawaii for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here

**YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.**

- 7 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/person, 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.

➤ **IF THIS POWER OF ATTORNEY IS NOT SIGNED, IT WILL BE RETURNED.**

\_\_\_\_\_  
Signature Date Title (if applicable)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature Date Title (if applicable)

\_\_\_\_\_  
Print Name

**PART II SIGNATURE OF REPRESENTATIVE**

Social Security Number	Print or Type Name	Signature	Date