



# Election for Power of Attorney

## To have Appointee Receive All Correspondence from the Department of Revenue

You may elect to have the Minnesota Department of Revenue send to your power of attorney any and all refunds, legal notices, and correspondence relating to your tax matters and to your nontax debts referred to the department for collection. **This election is effective only for the authority you have granted to your appointee.** If you make this election, you will no longer receive anything from the department—including refunds—and your appointee will receive it all on your behalf.

To make this election, complete and attach this form to the Power of Attorney (Form REV184) granting powers to the appointee. If Form REV184 is not attached, the department will deny your election, and the form will be returned to you.

This election will expire on the designated expiration date or when you revoke the power of attorney, whichever is earlier.

<b>Print or type</b>	Taxpayer's name		Social Security or MN tax ID number (or federal ID number)			
	Spouse's name (if a joint return)		Spouse's Social Security number (if a joint return)			
	Street address					<b>Check one</b> (see instructions): <input type="checkbox"/> <b>Original</b> —your first election for this appointee <input type="checkbox"/> <b>Amend</b> —changes an existing election for this appointee <input type="checkbox"/> <b>Cancel/Revoke</b> —cancels a previously filed election
	City	State	Zip code			
<b>Expiration date of election</b> (If a date is not provided, this election is valid until the power of attorney is revoked.)		Month	Day	Year		

<b>Election</b>	<i>I elect to have the Minnesota Department of Revenue directly send to the following attorney-in-fact any and all refunds, legal notices and correspondence relating to my tax matters and to my nontax debts referred to the department for collection. By making this election, I understand that I will no longer receive anything—including refunds and legal notices—from the department and my appointee will receive it all on my behalf.</i>					
	Name of person (appointee) given power of attorney			Name of firm (if applicable)		
	Street address		City	State	Zip code	
	Phone number			FAX number		

<b>Sign here</b>	<i>This election is not valid until the form is signed and dated.</i>					
	Taxpayer's signature or signature of corporate officer, partner or fiduciary		Print name (and title, if applicable)		Date	Phone
	Spouse's signature (if joint)		Print spouse's name (if joint)		Date	Phone

**Attach this form to Form REV184 and mail to: Minnesota Revenue, Mail Station 4123, St. Paul, MN 55146-4123**  
Phone: 651-296-3781 or 1-800-652-9094. TTY: Call 711 for Minnesota Relay