



# State of Arkansas

## Department of Finance and Administration

### Power of Attorney

|                       |
|-----------------------|
| Date of<br>Revocation |
| _____                 |

#### 1 Taxpayer Information

|   |                           |                                |
|---|---------------------------|--------------------------------|
| Taxpayer name(s) and address (Please type or print) | Social Security Number(s) | Employer Identification Number |
|   | Primary                   |                                |
|   | Spouse                    |                                |
|   | Sales tax permit number   | Daytime Telephone Number       |

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

#### 2 Representative(s)

|   |                  |
|---|------------------|
| Name and address (Please type or print) | Telephone Number |
|   | Fax Number       |
| Name and address                        | Telephone Number |
|   | Fax Number       |

to represent the taxpayer(s) before the Arkansas Department of Finance and Administration for the following tax matters:

#### 3 Tax Matters

| Type of Tax (Sales, Use, Income, etc.) | Year(s) or Period(s) |
|--|----------------------|
|  |                      |
|  |                      |
|  |                      |

#### 4 Acts Authorized

The representatives are authorized, subject to revocation by the taxpayer, to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in line 3, including the authority to sign any agreements, consents, waivers or other documents.

The authority does not include the power to receive refund checks, the power to substitute another representative, the power to sign returns, or the power to execute a request for disclosure of tax returns or return information to a third party.

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

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#### 5 Computer generated notices will continue to be sent to taxpayer as required by law (see instructions).

#### 6 Signature of Taxpayer(s)

If signed by a corporate officer, partner, guardian, 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 a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested.

**If not signed and dated, this power of attorney will be returned.**

|           |      |       |
|-----------|------|-------|
| Signature | Date | Title |
|-----------|------|-------|

|           |      |       |
|-----------|------|-------|
| Signature | Date | Title |
|-----------|------|-------|