

POWER OF ATTORNEY

1. TAXPAYER INFORMATION.

Include spouse's name if this is for a joint return. If a business, enter both its legal name and its trade or DBA name. Both the person granting and the person being granted the power of attorney **must** sign and date this form below in Sections 3 and 4.

Taxpayer's Name (if a business include both legal name and DBA name)					Taxpayer's EIN/SSN/PTIN	
Address		City	State	Zip Code	Area Code & Phone Number	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address
Spouse's Name					Spouse's Social Security Number	
Address (if different)		City	State	Zip Code	Area Code & Phone Number	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address

2. TAXPAYER GRANT OF POWER OF ATTORNEY.

I hereby appoint the following attorney, accountant, or other representative as my attorney-in-fact:

Representative's name and title (if member of a firm, enter both the representative's name and firm name)					EIN/SSN/PTIN		Phone Number	
Address		City	State	Zip Code	Fax Number			
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address		
Representative's name and title (if member of a firm, enter both the representative's name and firm name)					EIN/SSN/PTIN		Phone Number	
Address		City	State	Zip Code	Fax Number			
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address		

To represent me before the Kansas Department of Revenue for the following tax matters:

- All Tax Types (if not all list those applicable below) All Tax Years (if not all list those applicable below)

Type of Tax (Individual Income, Sales, Withholding, etc.)	Tax Year(s) or Period(s)

AUTHORIZED ACTS.

For the tax types and periods listed, the representative(s) are authorized to (check all applicable boxes):

- Receive and inspect my confidential tax information. Sign agreements, consents or other documents on my behalf.
 Represent me in tax matters before the department. Perform any act that I can perform with respect to the tax matter listed above.
 List any specific additions or deletions to the acts that are otherwise authorized in this power of attorney (see Instructions).

RETENTION/REVOCAION OF PRIOR POWERS OF ATTORNEY.

I hereby revoke all earlier powers of attorney on file with the Kansas Department of Revenue for the same tax matters and periods covered by this document.

- Check here if you DO NOT wish to revoke a prior power of attorney. List below representatives you want to retain power of attorney.

Representative's name and title (if member of a firm, enter both the representative's name and firm name)					EIN/SSN/PTIN	
Representative's name and title (if member of a firm, enter both the representative's name and firm name)					EIN/SSN/PTIN	

PLEASE SIGN PAGE 2

3. **SIGNATURE OF TAXPAYER(S).** If a tax matter concerns a joint return, both husband and wife must sign when joint representation is requested. When a corporate officer, partner, guardian, executor, receiver, administrator, or trustee signs this section on behalf of a taxpayer, the signatory also certifies that the signatory is authorized to execute this form on behalf of the taxpayer.

_____	_____	_____
(Signature)	(Printed Name)	(Date)
_____	_____	_____
(Signature)	(Printed Name)	(Date)

4. **SIGNATURE OF REPRESENTATIVE(S).**

_____	_____	_____
(Signature)	(Printed Name)	(Date)
_____	_____	_____
(Signature)	(Printed Name)	(Date)

INSTRUCTIONS FOR POWER OF ATTORNEY AUTHORIZATION

A power of attorney is a legal document authorizing someone to act as your representative. You, the taxpayer, must complete, sign, and return this form if you wish to grant a power of attorney (POA) to an attorney, accountant, agent, tax return preparer, family member, or anyone else to act on your behalf with the Kansas Department of Revenue (KDOR). You may use this form for any matter affecting any tax administered by the department, including audit and collection matters. This POA will remain in effect until the expiration date, if included under Section 2, or until you revoke it, whichever is earlier. KDOR will accept copies of this form, including fax copies.

SECTION 1. TAXPAYER INFORMATION.

Individuals. In the block provided, enter your name, SSN, address, telephone number, and email address in the spaces provided. If this POA is for a joint return and your spouse is designating the same representative or representatives, enter your spouse's name, address (if different from your own), Social Security number, and your spouse's email address.

Businesses. Enter both the legal name and the DBA or trade name, if different. For example, if the business is an individual proprietorship, enter the proprietor's name and the name under which business is transacted. (*e.g., Joe Smith dba Joe's Diner*). Also enter the EIN (federal employer identification number), telephone number, business address, and email address.

Estates. Enter the name, title, address, and email address of the decedent's executor/personal representative in the taxpayer section. Use the spouse's section to enter the decedent's name, date of death, and SSN.

SECTION 2. TAXPAYER GRANT OF POWER OF ATTORNEY.

Representative's name. Complete all the requested information for each representative. If the representative is a member of a firm, enter the firm's name too. If you are designating more than two representatives, please complete another form and attach it to this form. Mark the second form "additional representatives."

Type of tax. If you wish the power of attorney to apply to all periods and all tax types administered by KDOR, please check the box(es) for "All tax types" and "All tax periods". If for a specific tax type and/or tax year enter the type of tax and the tax years or reporting periods for each tax type. If the matter relates to estate, inheritance, or succession tax, please enter the date of the decedent's death.

Authorized acts. Check all boxes that apply. Use the additional lines to limit, clarify, or otherwise define the acts authorized by this POA. For example, if you wish to limit the POA to a specific time period or to establish an expiration date, enter that information and the dates (month, day, and year) on these lines.

Retention/revocation of prior powers of attorney. Unless otherwise specified, this POA replaces and revokes all previous POAs on file with the department. If there is an existing POA that you do NOT want to revoke, check the box in this section and enter the representative's name and EIN/SSN/PTIN in the space provided.

If you wish to revoke an existing POA without naming a new representative, attach a copy of the previously executed POA. On the copy of the previously executed POA, write "REVOKE" across the top of the form, and initial and date it again under your signature or signatures already in Section 3.

SECTION 3. SIGNATURE OF TAXPAYER(S).

You must sign and date the POA. If a joint return is being filed and both husband and wife intend to authorize the same person to represent them, both spouses must sign the POA unless one spouse has authorized the other in writing to sign for both. You must attach a copy of your spouse's written authorization to this POA.

SECTION 4. SIGNATURE OF REPRESENTATIVE(S).

Each representative that you name must sign and date this form.

TAXPAYER ASSISTANCE

If you have questions about this form, please visit or call our office.

Taxpayer Assistance Center
 Scott State Office Building
 120 SE 10th St.
 PO Box 3506
 Topeka, KS 66625-3506
 Phone: 785-368-8222

The Department of Revenue office hours are 8 a.m. to 4:45 p.m., Monday through Friday.

Additional copies of this form are available from our website at: ksrevenue.gov