MISSOURI DEPARTMENT OF
REVENUE

Form **2827** **Power of Attorney**

Department Use Only
(MM/DD/YY)

Taxpayer Missouri Tax I.D. Number

Taxpayer Federal Employer I.D. Number

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

Tax Type(s)

r Cigarette or Other Tobacco Products r Corporation Income and Corporation Franchise r Personal Income

r Motor Fuel r Sales or Use r Withholding

r Other _____

Year(s) and Period(s)

Only select one of the following:

r All Tax Periods r Tax Year or Period(s) Only _____

r Range of Tax r Date of Death (if estate tax) ___ ___ / ___ ___ / ___ ___ ___ ___

Tax Period Beginning ___ ___ / ___ ___ / ___ ___ ___ ___ to Tax Period Ending ___ ___ / ___ ___ / ___ ___ ___ ___

Removal of Power

r All other powers of attorney on file with the Department shall remain in effect, or

r 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.

_____

_____

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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 (__ __ __) __ __ __ - __ __ __ __

Declaration of Representative(s)

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

Note: All appointed representatives must sign below. No digital signatures allowed.

Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Designation (Please select number from list above) ⌐ 1 ⌐ 2 ⌐ 3 ⌐ 4 ⌐ 5 ⌐ 6 ⌐ 7 ⌐ 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Designation (Please select number from list above) ⌐ 1 ⌐ 2 ⌐ 3 ⌐ 4 ⌐ 5 ⌐ 6 ⌐ 7 ⌐ 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Designation (Please select number from list above) ⌐ 1 ⌐ 2 ⌐ 3 ⌐ 4 ⌐ 5 ⌐ 6 ⌐ 7 ⌐ 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Designation (Please select number from list above) ⌐ 1 ⌐ 2 ⌐ 3 ⌐ 4 ⌐ 5 ⌐ 6 ⌐ 7 ⌐ 8	Title (if applicable)	

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