

Read this information first

Attach a copy of this form to each specific tax return or item of correspondence for which you are requesting power of attorney.
Do not send this form separately.

Step 1: Complete the following taxpayer information

| | |
|---|---|
| 1 _____ Taxpayer's name | 3 _____ Taxpayer's street address |
| 2 _____ Taxpayer's identification number(s) | _____ City State ZIP |

Step 2: Complete the following information

4 The taxpayer named above appoints the following to represent him before the Illinois Department of Revenue.

| | | |
|----------------------------------|----------------------------------|----------------------------------|
| Name | Name | Name |
| Name of firm | Name of firm | Name of firm |
| Street address | Street address | Street address |
| City State ZIP | City State ZIP | City State ZIP |
| Daytime phone number | Daytime phone number | Daytime phone number |
| E-mail address | E-mail address | E-mail address |
| Specific tax type Year or period | Specific tax type Year or period | Specific tax type Year or period |

5 The attorneys-in-fact named above shall have, subject to revocation, full power and authority to perform any act that the principals can and may perform, including the authority to receive confidential information.

The attorneys-in-fact named above **do not** have the power to – *Check only the items below you do not wish to grant.*

- endorse or collect checks in payment of refunds.
- receive checks in payment of any refund of Illinois taxes, penalties, or interest.
- execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.
- execute consents extending the statutory period for assessments or collection of taxes.
- delegate authority or substitute another representative.
- file a protest to a proposed assessment.
- execute offers in compromise or settlement of tax liability.
- represent the taxpayer before the department in all proceedings including hearings (requiring representation by an attorney) pertaining to matters specified above.
- obtain a private letter ruling on behalf of the taxpayer.
- perform other acts (explain) _____

6 This power of attorney revokes all prior powers of attorney on file with the department with respect to the same matters and years or periods covered by this form, except for the following:

| | | |
|----------------------|----------------------|----------------------|
| Name | Name | Name |
| Street address | Street address | Street address |
| City State ZIP | City State ZIP | City State ZIP |
| Daytime phone number | Daytime phone number | Daytime phone number |
| Date granted | Date granted | Date granted |

7 Copies of notices and other written communications addressed to the taxpayer in proceedings involving the matters listed on the front of this form should be sent to the following:

| | | |
|-------------------------------|-------------------------------|-------------------------------|
| _____ Name | _____ Name | _____ Name |
| _____ Street address | _____ Street address | _____ Street address |
| _____ City | _____ City | _____ City |
| _____ State | _____ State | _____ State |
| _____ ZIP | _____ ZIP | _____ ZIP |
| _____ Daytime phone number | _____ Daytime phone number | _____ Daytime phone number |

Step 3: Taxpayer's signature

If signing as a corporate officer, partner, fiduciary, or individual on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.

| | | |
|---|-------------------------------|---------------|
| _____ Taxpayer's signature | _____ Title, if applicable | _____ Date |
| _____ Spouse's signature | _____ Title, if applicable | _____ Date |
| _____ If corporation or partnership, signature of officer or partner | _____ Title, if applicable | _____ Date |

Step 4: Complete the following if the power of attorney is granted to an attorney, a certified public accountant, or an enrolled agent

I declare that I am **not** currently under suspension or disbarment and that I am

- a member in good standing of the bar of the highest court of the jurisdiction indicated below; or
- duly qualified to practice as a certified public accountant in the jurisdiction indicated below; or
- enrolled as an agent pursuant to the requirements of United States Treasury Department Circular Number 230.

| | | | |
|---|--|--------------------|---------------|
| _____ Designation (attorney, C.P.A., enrolled agent) | _____ Jurisdiction (state(s), etc.) | _____ Signature | _____ Date |
| _____ Designation (attorney, C.P.A., enrolled agent) | _____ Jurisdiction (state(s), etc.) | _____ Signature | _____ Date |
| _____ Designation (attorney, C.P.A., enrolled agent) | _____ Jurisdiction (state(s), etc.) | _____ Signature | _____ Date |

Step 5: Complete the following if the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent

If the power of attorney is granted to a person other than an attorney, a certified public accountant, or an enrolled agent, this document must be witnessed or notarized below. Please check and complete one of the following.

Any person signing as or for the taxpayer

_____ is known to and this document is signed in the presence of the two disinterested witnesses whose signatures appear here.

| | |
|-------------------------------|---------------|
| _____ Signature of witness | _____ Date |
| _____ Signature of witness | _____ Date |

_____ appeared this day before a notary public and acknowledged this power of attorney as his or her voluntary act and deed.

| | |
|------------------------------|---------------|
| _____ Signature of notary | _____ Date |
|------------------------------|---------------|

Notary seal

