

West Virginia State Tax Department  
**Authorization of Power of Attorney**  
*(An authorization giving the person you name on this form specified powers  
to act for you in dealing with the West Virginia State Tax Department.)*

Please type or print the information you provide on this form

Your name (or name of business if applicable)	Your Social Security Number (or WV Tax ID Number)	Daytime Telephone	
Spouse's name (if applicable)	Spouse's Social Security Number (if applicable)	Daytime Telephone	
Street Address	City or Town	State	Zip Code
Name of person you are giving power of attorney	Social Security or WV Tax ID number	Daytime Telephone	
Street address	City or Town	State	Zip Code

I limit the powers which I am authorizing on this form to the following types of tax returns for the following periods:

Type of Tax (personal income, estate, etc.)	Tax Form Number (IT-140, EST-76, etc.)	Month, Quarter and/or Year of Return (date of death if estate tax)
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I hereby give the person I have named above only the following powers to act for me in dealing with the West Virginia State Tax Department in connection with the tax returns I have listed above:

Check each applicable box	Your signature for each power you give
<input type="checkbox"/> to receive (but not to endorse or cash) any checks issued by the West Virginia State Tax Department	_____
<input type="checkbox"/> to receive confidential tax information concerning me	_____
<input type="checkbox"/> to extend the period during which I am liable for assessment or payment of any state tax	_____
<input type="checkbox"/> to sign tax returns and forms	_____
<input type="checkbox"/> to make and sign agreements settling matters in dispute between the West Virginia State Tax Department	_____
<input type="checkbox"/> to assign this power of attorney to another person approved by me in writing	_____
<input type="checkbox"/> the following other power or powers (if none, state "none"):	_____

*I understand that in authorizing this power of attorney I am also giving the person I have named above the power to receive private and nonpublic information concerning my State taxes from the West Virginia State Tax Department.*

*I certify that no other person holds these powers for me. I understand that I have the right to revoke these powers at any time by notifying in writing both the person named above and the West Virginia State Tax Department.*

*This power of attorney revokes any earlier Authorization of Power of Attorney for the same types of taxes and periods covered by this power of attorney, but only to that extent.*

Signature of or for taxpayer(s)

Your signature	Date	Daytime Telephone
Spouse's signature (if any returns listed above are joint returns)	Date	Daytime Telephone
Signature and title of corporate officer, partner or fiduciary authorized to execute this power of attorney on your behalf	Date	Daytime Telephone

If the power of attorney is granted to a person other than an attorney or certified public accountant, the taxpayer(s) signature must be witnessed or notarized below.

The person signing as or for the taxpayer(s): (Check and complete only one of the following sections.)



is/are known to and 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 a voluntary act and deed.

Witness: \_\_\_\_\_  
(Signature of Notary)

NOTARIAL SEAL

\_\_\_\_\_  
(Date)

**Mail to:**      **West Virginia State Tax Department**  
                    **Revenue Division**  
                    **Post Office Box 2389**  
                    **Charleston, West Virginia 25328-2389**