

**General Disclosure/Representation Authorization Form**

**You must sign page 2**

|   |       |          |                                |  |  |
|---|-------|----------|--------------------------------|--|--|
| <b>1. TAXPAYER INFORMATION: Please print or type.</b> |       |          |                                | Enter only those that apply:             |  |
| Taxpayer Name   |       |          |                                | Social Security Number                   |  |
| Spouse's Name (if applicable)                         |       |          |                                | Spouse's Social Security Number          |  |
| Present Address - number and street, rural route      |       |          | Apartment/Suite No.            | Employer Identification Number           |  |
| City, Town or Post Office                             | State | ZIP Code | Daytime Phone (with area code) | AZ Transaction Privilege Tax License No. |  |

|   |       |          |                     |  |      |
|---|-------|----------|---------------------|--|------|
| <b>2. APPOINTEE INFORMATION</b> (Must sign if any checkboxes in Sections 4 or 5 below are selected) |       |          |                     | Enter one of the following identification numbers: |      |
| Name (must be an individual)  |       |          |                     | State and State Bar Number                         |      |
| Present Address - number and street, rural route  |       |          | Apartment/Suite No. | State and Certified Public Accountant Number       |      |
| City, Town or Post Office   | State | ZIP Code |                     | Internal Revenue Service Enrolled Agent Number     |      |
| Daytime Phone (with area code)  |       |          |                     | Social Security or Other ID No.                    | Type |

**3. TAX MATTERS:** The appointee is authorized to receive confidential information for the tax matters listed below. By signing this form, I authorize the Department to release confidential information of the taxpayer(s) named above to the appointee named above for the tax type and tax year(s)/period(s) specified below. To grant additional powers, please see Section 4. **To grant a Power of Attorney, please skip Section 4 and go to Section 5.**

| TAX TYPE   | YEAR(S) OR PERIOD(S) | TYPE OF RETURN/OWNERSHIP                                |  |   |
|--|----------------------|---|--|---|
| <input type="checkbox"/> Income Tax                        |                      | <input type="checkbox"/> Individual Joint Return        | <input type="checkbox"/> Individual Single Return      | <input type="checkbox"/> Corporation      |
|  |                      | <input type="checkbox"/> Partnership                    | <input type="checkbox"/> Fiduciary-Trust               | <input type="checkbox"/> Fiduciary-Estate |
| <input type="checkbox"/> Transaction Privilege and Use Tax |                      | <input type="checkbox"/> Individual/Sole Proprietorship | <input type="checkbox"/> Partnership                   | <input type="checkbox"/> Corporation      |
|  |                      | <input type="checkbox"/> Limited Liability Company      | <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Trust            |
| <input type="checkbox"/> Withholding Tax                   |                      |   |  |   |
| <input type="checkbox"/> Other (specify tax type):         |                      | Specify type of return(s)/ownership:                    |  |   |

**4. ADDITIONAL AUTHORIZATION:** Items 4a through 4h allow the taxpayer(s) to grant additional authorization to the appointee named above. Please check the boxes accordingly. An additional authorization must be in accordance with Arizona Supreme Court Rule 31. See instructions. If any checkboxes in Sections 4 or 5 are selected, the appointee **MUST** sign on Page 2, Section 9.

- 4a  Appointee shall have the power to sign a statute of limitations waiver on Taxpayer's behalf.
- 4b  Appointee shall have the power to execute a protest of a deficiency assessment or a denied refund claim or to execute an agreement on Taxpayer's behalf.
- 4c  Appointee shall have the power to request a formal hearing on Taxpayer's behalf.
- 4d  Appointee shall have the power to represent the taxpayer in any administrative tax proceeding.
- 4e  Appointee shall have the power to execute a closing agreement on Taxpayer's behalf.
- 4f  Appointee shall have the power to represent the taxpayer in any collection matter including an Offer-In-Compromise.
- 4g  Appointee shall have the authority to delegate to others any or all authority granted to appointee by this document.
- 4h  Other (please specify):

5.  **POWER OF ATTORNEY:** By checking the box on Section 5, the taxpayer grants the above-named appointee a Power of Attorney to perform any and all acts that the taxpayer can perform with regard to the above-mentioned tax matters and tax year(s) or period(s). This Power of Attorney includes, but is not limited to, the powers listed in items 4a through 4h. The use of a Power of Attorney must be in accordance with Arizona Supreme Court Rule 31. Please specify any limitation to the Power of Attorney:

6.  **REVOCAION OF EARLIER AUTHORIZATION(S):** This authorization does not revoke any earlier authorizations or Powers of Attorney on file with the Arizona Department of Revenue unless the revocation box to the left is checked. The revocation will be effective as to all earlier authorizations and Powers of Attorney on file with the Arizona Department of Revenue except those specified (please specify):

