

Power of Attorney
Declaration for the Franchise Tax Board

This Power of Attorney (POA) Declaration remains in effect until you revoke it.

We provide instructions for completing this form on PAGES 3 and 4. For more information about a POA, go to ftb.ca.gov and search **POA**.

1. Taxpayer Information (Complete in full to avoid delays)

Taxpayer's Name and Address - Personal or Business If this is a joint POA, include your spouse/RDP ¹ name and address. Check if new address <input type="checkbox"/> .	Social Security No:	Business Entity Identification No:
		CA Corp No:
		SOS No:
Spouse/RDP's address, if different:	Daytime Telephone	FEIN:

You must complete and attach PAGE 5 if this POA applies to the combined reporting of multiple corporations.

2. The taxpayers listed above appoint the following representatives as attorneys-in-fact:

Name and Address	Primary Representative	IRS CAF No:	PTIN:
		Telephone :	
		Fax :	
		Check if new <input type="checkbox"/> Address <input type="checkbox"/> Telephone <input type="checkbox"/>	
Name and Address		IRS CAF No:	PTIN:
		Telephone:	
		Fax :	
		Check if new <input type="checkbox"/> Address <input type="checkbox"/> Telephone <input type="checkbox"/>	

Attach a list of additional representatives; see PAGE 6 for your use, if necessary.

3. Specific Matters, Tax Years, or Income Periods

The representatives listed can represent you before us for the following:

Tax Years or Income Periods (required): _____

Matters (optional): _____

4. Authorization for Information Only

Check this box if you **only** authorize your representative to receive your confidential tax information, but not to act as your attorney-in-fact.

5. Acts Authorized

You authorize your representative as an attorney-in-fact, to:

- Receive and inspect your confidential tax information.
- Perform any actions you might perform to resolve your issues with us, such as signing agreements, consents, or other documents.

¹ RDP refers to a registered domestic partner or partnership.

6. **Specific Authorization** - I authorize the representative to perform additional selected acts described below:
- Delegate authority or substitute another representative.
 - Receive, but not to endorse and collect checks in payment of any refund of taxes, penalties, or interest. *Please provide the name of the individual you are authorizing:* _____
 - Other acts (describe specifically): _____

7. Notices and Communications

We will send your primary representative copies of the notices that we send to you. To send them to another representative instead, indicate this in number 6 above.

- Check this box if you do **not** want us to send copies of these notices to your representative.

8. Retain or Revoke a Prior POA

This POA Declaration **automatically revokes all prior POA Declarations for the same tax years or income periods** on file with us, unless you specify otherwise as detailed below. To expedite a revocation, refer to number 8, PAGE 4.

- Check this box if you **do not** want to revoke a prior POA Declaration. **You must attach a copy of each prior POA Declaration you want to remain in effect.**

9. Signatures Authorizing a POA

If the tax matter concerns a joint return **and** you declare joint representation, **both** spouses/RDPs must sign and date this declaration.

If you are a corporate officer, partner, guardian, tax matter representative, executor, receiver, administrator, or trustee on behalf of the taxpayers, you certify that you have the authority to execute this by signing the POA Declaration on behalf of the taxpayers.

- Check this box if your signature denotes a fiduciary relationship.

Signature	Date	Title (if applicable)
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Print Name

Signature	Date	Title (if applicable)
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Print Name

Signature	Date	Title (if applicable)
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Print Name

Important Information

- POA Declarations do **not** need to be notarized.
- It is illegal to forge another person's signature.
- We will return this POA Declaration to you if it is not signed and dated.
- Retain a copy of this POA Declaration for your files.
- **Send** this declaration to:

Mail: STATE OF CALIFORNIA
 POA UNIT MS F283
FRANCHISE TAX BOARD
 PO BOX 2828
 RANCHO CORDOVA CA 95741-2828

FAX: 916.843.5440