



State of Arkansas

DEPARTMENT OF FINANCE AND ADMINISTRATION

Power of Attorney

1 Taxpayer Information

Taxpayer name(s) and address (Please type or print)	Social Security Number(s)	Employer Identification Number
		Daytime Telephone Number ()

hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 Representative(s)

Name and address (Please type or print)	Telephone Number ()	
	Fax Number ()	
Name and address	Telephone Number ([])	
	Fax Number ([])	

to represent the taxpayer(s) before the Arkansas Department of Finance and Administration for the following tax matters:

3 Tax Matters

Type of Tax (Sales, Use, Income, etc.)	Year(s) or Period(s)

4 Acts Authorized

The representatives are authorized, subject to revocation by the taxpayer, to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described in line 3, including the authority to sign any agreements, consents, waivers or other documents.

List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

5 Signature of Taxpayer(s)

If signed by a corporate officer, partner, guardian, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Signature	Date	Title
Signature	Date	Title