

Check below to indicate the appropriate agency. Please note that a separate form must be completed and provided to each agency checked.

STATE BOARD OF EQUALIZATION
P.O. Box 942879
Sacramento, CA 94279-0001

FRANCHISE TAX BOARD
P.O. Box 942840
Sacramento, CA 94240-0040

TAXPAYER'S NAME		TELEPHONE NUMBER	
SOCIAL SECURITY OR FEDERAL EMPLOYER IDENTIFICATION NUMBER(S)		CALIFORNIA SECRETARY OF STATE NUMBER(S)	
BOARD OF EQUALIZATION ACCOUNT/PERMIT(S)			
MAILING ADDRESS	(Street & Number)	(City)	(State) (Zip Code)

As owner or corporate officer of a business herein described or as a party to the tax matter or fee matter before the

- State Board of Equalization**
- Franchise Tax Board**

I hereby appoint: [enter below, name(s), addresses (including ZIP codes), telephone numbers, and FAX numbers of specific appointee(s). Do not enter names of accounting or law firms, partnerships, corporations, etc.]

APPOINTEE NAME		APPOINTEE NAME	
APPOINTEE ADDRESS (Street & Number)		APPOINTEE ADDRESS (Street & Number)	
(City)	(State)	(Zip Code)	(City) (State) (Zip Code)
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX NUMBER

As attorney(s)-in-fact to represent the taxpayer(s) for the following tax or fee matters: [specify the type(s) of tax]

- | | |
|---|---|
| 1. <input type="checkbox"/> Administration - Franchise and Income Tax Law | 4. <input type="checkbox"/> Sales & Use Tax Law |
| 2. <input type="checkbox"/> Personal Income Tax Law | 5. <input type="checkbox"/> Use Fuel Tax Law |
| 3. <input type="checkbox"/> Bank & Corporation Franchise Tax Law | 6. <input type="checkbox"/> Other: _____ |

SPECIFY THE TAX OR FEE YEAR(S) OR PERIOD(S) [IF ESTATE TAX, INDICATE DATE OF DEATH]:

The attorney(s)-in-fact (or any of them) are authorized, subject to revocation, to receive confidential tax information and to perform on behalf of the taxpayer(s) the following acts for the tax or fee matters described above: [Check the box(es) for the powers granted.]

- 1. To confer and resolve any assessment, claim or collection of a deficiency or other tax or fee matter pending before the identified agency and attend any meetings or hearings thereto for the specified law identified above.
- 2. To receive, but not to endorse and collect, checks in payment of any refund of taxes, penalties or interest.
- 3. To execute petitions, claims for refund and/or amendments thereto.
- 4. To execute consents extending the statutory period for assessment or determination of taxes.
- 5. To execute closing agreements under Section 19441 of the California Revenue & Taxation Code.
- 6. To delegate authority or to substitute another representative.
- 7. Other acts (be specific): _____

[The back of this form must be completed]

This Power of Attorney revokes all earlier Power(s) of Attorney on file with the California State Board of Equalization or the Franchise Tax Board as identified above for the same matters and years or periods covered by this form, except for the following: [Specify to whom granted, date and address, or refer to attached copies of earlier power(s)]

NAME	DATE POWER OF ATTORNEY GRANTED		
ADDRESS (Street & Number)	(City)	(State)	(Zip Code)

This Power of Attorney will remain in effect for the time limit specified below:

TIME LIMIT _____

- INDIVIDUAL PARTNERSHIP CORPORATION LIMITED LIABILITY CORPORATIONS
- _____
OTHER

Signature of Taxpayer(s) — If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, by signing this Power of Attorney you are certifying that you have the authority to execute this form on behalf of the taxpayer.

▶ IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

SIGNATURE	DATE	TITLE (IF APPLICABLE)
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PRINT NAME

SIGNATURE	DATE	TITLE (IF APPLICABLE)
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PRINT NAME

State of California)
County of _____)

On _____ before me, _____ personally appeared
(DATE) (NOTARY)

(ABOVE SIGNERS)

personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their/ authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Signature _____ (Seal)

NOTARY PUBLIC