

Power of Attorney and Declaration of Representative

Maine Board of Tax Appeals 134 State House Station Augusta, ME 04333-0134

PART I Power of Attorney						
1 Taxpayer information: (Taxpayer(s) must sign and o	date this form below.)					
Taxpayer(s) name(s)		Social Security Number(s)		Federal Identification Number		
Oter at Address			Т	elephone Number		
Street Address						
City, State and Zip						
2 Representative(s): The Taxpayer(s) hereby appoint(s Board of Tax Appeals for the matter(s) listed below in Section		as attorney(s)-in-fact to	represent the Ta	xpayer(s) before the Maine		
<u>Name</u>	<u>Address</u>			Telephone Number		
3 Tax Matters: Specify the type(s) of tax and year(s) or	period(s) at issue, or date of	death if estate tay				
Type of Tax	Maine Form Number Year(s) or Period(s)					
(Individual, Corporate, Sales, Excise, Etc.)			Death if Estate Tax)			
Acts authorized: The representatives are authorized to perform with respect to the tax matters described on line 3, does not include the power to receive refund checks, the porequest for disclosure of tax return information to a third part	for example the authority to sower to substitute another rep	ign any agreements, co	nsents, or other	documents. The authority		
4 Notices and Communications. Original notices an above in section 2.	d other written communicatio	ns will be sent to you ar	nd a copy to the fi	rst representative listed		
above in section 2. a If you also want the additional representatives listed to receive copies of notices and communications, check this box						
b If you do not want any notices or communications sent to your representative(s) check this box						
c If you want original notices and other written communications sent to the first representative and a copy to you check this box						
5 Retention/revocation of prior power(s) of attorn with the Maine Board of Tax Appeals for the same tax m	atter(s) and year(s) or period					
attorney revoked, check here(You must attach a copy		you want to remain	n in effect.)			
6 Signature(s) of or for taxpayer(s): If a tax matter of person signing is a corporate officer, partner, or fiduciary signature this power of attorney on behalf of the taxpayer.						
Signature	Title (if applicable)			Date		
Signature	rille (ii applicable)			Dale		
Print Name						
Spouse Signature (if applicable)	 Date					
						
Print Name	-					

		attorney, certified public account ntative(s) must complete Part II	tant or enrolled agent, the taxpayer(s) below.)		
The person(s) signin	g as or for the taxpayer(s): (Che	eck and complete one.)			
is/are known to, here:	and signed in the presence of, th	ne two disinterested witnesses who	ose signatures appear		
	(Signature of Witness)		(Date)		
	(Signature of Witness)		(Date)		
appeared this dadeed.	ay before a notary public and ack	nowledged this power of attorney	as a voluntary act and		
Witness:			NOTARIAL SEAL		
	(Signature of Notary)	(Date)			
My commission	expires:				
PART II Declaration of F	Representative				
Under penalties of perjury, I	declare that I am: (Circle one)				
 Duly qualified to practi An enrolled agent enrol A bona fide officer of the taxpa A fiduciary for the taxpa 	ce as a certified public accountar blled under U. S. Department of ne taxpayer's organization; f the taxpayer; ayer's immediate family (spouse,	parent, child, brother or sister);	<i>I</i> ',		
Designation (insert appropriate number from list above)	Jurisdiction (state, etc.)	Signature	Date		

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Revised: April 2013