



# POWER OF ATTORNEY

TAXPAYER(S) NAME/BUSINESS NAME		FEDERAL I.D. NUMBER
ADDRESS		
TELEPHONE NUMBER	FAX NUMBER	

**TAXPAYER HEREBY APPOINTS**

NAME OF APPOINTED REPRESENTATIVE	ADDRESS	TELEPHONE NUMBER
NAME OF APPOINTED REPRESENTATIVE	ADDRESS	TELEPHONE NUMBER

Authorized to represent taxpayer(s) with respect to the following tax matter(s) to which this form applies.

TYPE OF TAX	
MONTANA FORM NUMBER	

The appointed representative(s) are authorized, subject to revocation, to receive confidential information and perform any and all acts that the Taxpayer(s) can perform, including receipt of tax refunds, with respect to the above specified tax matters.

**SIGNATURE OF TAXPAYER(S)**

I (we) hereby certify that I (we) am (are) the Taxpayer(s) herein or that I have authority to execute this Power of Attorney on behalf of the taxpayer(s).

PRINT NAME	TITLE
SIGNATURE	DATE
PRINT NAME	TITLE
SIGNATURE	DATE

**DECLARATION AND SIGNATURE OF REPRESENTATIVE**

I declare that I am authorized to represent the taxpayer identified above for the tax matters as specified.

NAME OF APPOINTED REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE
NAME OF APPOINTED REPRESENTATIVE	SIGNATURE OF REPRESENTATIVE	DATE