



Indiana Department of Revenue
POWER OF ATTORNEY

1. Taxpayer Information

| | | | |
|---|-------|-----------------------------|--|
| *Taxpayer(s) Name(s) | | DBA Name(s) (if applicable) | |
| Address <input type="checkbox"/> New Address? | | | |
| City | State | Zip Code | |
| Telephone Number | | | |

2. Identification Numbers

*Indiana Taxpayer Identification Number (10 digits)

| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Social Security Number

| | | |
|--|--|--|
| | | |
|--|--|--|

or

Employer Identification Number

| | | |
|--|---|--|
| | — | |
|--|---|--|

Spouse's Social Security Number

| | | |
|--|--|--|
| | | |
|--|--|--|

Hereby appoint(s) the following:

3. Representative Information

| | | | | | |
|---|-------|----------|---|-------|----------|
| *Individual Representative Name | | | Additional Individual Representative Name | | |
| Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| Telephone Number | Email | | Telephone Number | Email | |
| Additional Individual Representative Name | | | Additional Individual Representative Name | | |
| Address | | | Address | | |
| City | State | Zip Code | City | State | Zip Code |
| Telephone Number | Email | | Telephone Number | Email | |

4. Firm/Vendor Information

| | | |
|---|------------------------------|------------------------|
| Firm/Vendor Name (*if applicable) RECORDS DEPOSITION SERVICE, INC. | | |
| Address P.O. BOX 5054 | | |
| City SOUTHFIELD | State MI | Zip Code 48086-5054 |
| Telephone Number 248-357-3330 | Email REQUESTS@RECDEP.COM | |

If firm or vendor, list representative(s) name, telephone number and email.

| Representative(s) Name | Telephone Number | Email |
|------------------------|------------------|-------|
| | | |
| | | |
| | | |
| | | |

5. General Authorization

I authorize the listed representative(s), in addition to anything otherwise authorized on this form, to represent me regarding any matters with the Indiana Department of Revenue regardless of tax years or income periods. I understand that this authority will expire 5 years from the date this POA is signed or a written and signed notice is filed revoking this authorization.

6. Tax Type(s) (Not applicable if box is checked in question 5 above)

*Type of Tax
(Income, Withholding, Sales, etc.)

*Year(s)/Period(s)
 Current Year Specify

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I acknowledge that the designated representative has the authority to receive confidential information and full power to perform on behalf of the taxpayer in tax matters related to this Power of Attorney. This authority does not include the power to receive refund checks.

I acknowledge that actions taken by the designated representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.

If I am a corporate officer, partner, or fiduciary acting on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer.

7. Authorizing Signature

| | |
|-------------------------|-------------|
| *Signature _____ | *Date _____ |
| *Printed Name _____ | Title _____ |
| *Telephone Number _____ | Email _____ |

***Required fields - if not complete, this form will be returned to sender.**