



The individual or fiduciary in Part I appoints the following additional representative(s) as attorney(s)-in-fact. Include additional copies of this side as needed to list all representatives. **Do not return this side if blank.**

Additional representative's name (first name, middle initial, and last name)

CA CPA	CA state bar number	CTEC	Enrolled agent number	PTIN
Street address (number and street) or PO box				Apt. no/ste. no.
City (If the representative has a foreign address, see instructions.)			State	ZIP code
Email (include your representative's email address to ensure they receive email notifications)		Phone	Fax	

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