

4. Authorized Agent /Representative Information. Additional representatives should be listed on an attached list and may not receive copies of correspondence.

Primary Representative - Must be a person; cannot be a business

First Name*	Last Name*	
Address		
Address		
City	State	ZIP Code
Daytime Telephone Number	Fax Number	

Automatic Correspondence
An Authorized Agent will automatically be mailed copies of correspondence regarding the tax matters.

Authorized Agent Number

A - _____

☐ Do **NOT** mail copies of any correspondence to agent.

☐ Mail copies of email communications to agent.

Additional Representative - Must be a person; cannot be a business

First Name	Last Name	
Address		
Address		
City	State	ZIP Code
Daytime Telephone Number	Fax Number	

Automatic Correspondence
An Authorized Agent will automatically be mailed copies of correspondence regarding the tax matters.

Authorized Agent Number

A - _____

☐ Do **NOT** mail copies of any correspondence to agent.

☐ Mail copies of email communications to agent.

5. Signature of Taxpayer(s) and Acknowledgment of Authorized Acts

By signing this form, I am granting the representative(s) listed in Section 4 the authority to:

- Receive and inspect my confidential tax information for the tax matters listed in Section 3,
- Perform all acts that I can perform with respect to the specified tax matters, and
- Represent me before Virginia Tax, including consenting to extend the time to assess tax and executing consents that agree to a tax adjustment.
- In addition, I understand that the acts of my Authorized Agent may increase or decrease my tax liabilities and legal rights.

The authority does not, however, include the power to receive refund checks, substitute another representative, request a copy of a tax return, sign certain returns, or consent to a disclosure of tax information.

For joint representation, both the taxpayer and the spouse listed in Section 1 must sign and date this form. If this form is signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, they certify that they have the authority to execute this form on behalf of the taxpayer. This power of attorney will remain in effect until it is revoked by either the taxpayer or the agent.

Print Name*	Signature*	Title	Date*
Print Name	Signature	Title	Date

6. Representative Signature: *Under penalties of perjury, I declare I am authorized to represent the taxpayer(s) listed in Section 1.*

A.) Attorney B.) Certified Public Accountant C.) Enrolled Agent D.) Family member or Other (provide relationship below):

Relationship: _____

Representative	Designation Letter from Above List	Print Name *	Representative Signature*	Date*
Primary				
Additional				