

☐ **STATE BOARD OF EQUALIZATION**  
 PO BOX 942879  
 SACRAMENTO CA 94279-0001  
 800-400-7115

☐ **FRANCHISE TAX BOARD**  
 PO BOX 2828 MS F283  
 RANCHO CORDOVA CA 95741-2828  
 FAX 916-843-5440

☐ **EMPLOYMENT DEVELOPMENT DEPARTMENT**  
 PO BOX 826880 MIC 28  
 SACRAMENTO CA 94280-0001  
 916-654-7263 • FAX 916-654-9211

☐ **INDIVIDUAL**      ☐ **PARTNERSHIP**      ☐ **CORPORATION**      ☐ **LIMITED LIABILITY COMPANY**

☐ **OTHER** \_\_\_\_\_

**I hereby appoint:** [enter below the individual appointee(s) name(s), address(es) (including ZIP Code), telephone number(s) and fax number(s) – do not enter names of accounting or law firms, partnerships, corporations, etc., as the appointee name]

APPOINTEE NAME		APPOINTEE NAME	
APPOINTEE BUSINESS NAME <i>(If applicable)</i>		APPOINTEE BUSINESS NAME <i>(If applicable)</i>	
APPOINTEE ADDRESS <i>(Number and Street)</i>		APPOINTEE ADDRESS <i>(Number and Street)</i>	
<i>(City)</i>	<i>(State)</i>	<i>(City)</i>	<i>(State)</i>
	<i>(ZIP Code)</i>		<i>(ZIP Code)</i>
TELEPHONE NUMBER	FAX NUMBER	TELEPHONE NUMBER	FAX NUMBER
(        )	(        )	(        )	(        )

☐ Franchise and Income Tax Law

☐ Sales and Use Tax Law

☐ Use Fuel Tax Law

☐ Payroll Tax Law

☐ Benefit Reporting

☐ Other: \_\_\_\_\_

**SPECIFY THE TAX OR FEE YEAR(S) OR PERIOD(S) [IF ESTATE TAX, INDICATE DATE OF DEATH] (for Board of Equalization and Franchise Tax Board purposes)**

☐ General Authorization (including all acts described below).

☐ Specific Authorization (selected acts described below).

☐ To confer and resolve any assessment, claim or collection of a deficiency or other tax or fee matter pending before the identified agency and attend any meetings or hearings thereto for the specified law identified above.

☐ To receive, but not to endorse and collect, checks in payment of any refund of taxes, penalties or interest.

☐ To execute petitions, claims for refund and/or amendments thereto.

☐ To execute consents extending the statutory period for assessment or determination of taxes.

☐ To execute closing agreements under section 19441 of the California Revenue and Taxation Code.

☐ To execute settlement agreements under section 19442 of the California Revenue and Taxation Code.

*(The back of this form must be completed)*

- ☐ To represent the taxpayer for changes to their mailing address for any and all Payroll Tax Law, Benefit Reporting, both Payroll Tax Law and Benefit Reporting.
- ☐ To execute settlement agreements under section 1236 of the California Unemployment Insurance Code.
- ☐ To delegate authority or to substitute another representative.
- ☐ Other acts (specify): \_\_\_\_\_

Franchise Tax Board (FTB) will send you and your first representative listed a copy of FTB computer generated notices as they become available.

- ☐ Check this box if you do not want FTB to send copies of available FTB computer generated notices to your first representative listed.

(Note: Not all FTB processing systems are capable of generating representative copies at this time.)

**This Power of Attorney revokes all earlier Power(s) of Attorney on file with the California State Board of Equalization, the Employment Development Department, or the Franchise Tax Board as identified above for the same matters and years or periods covered by this form, except for the following:** *[specify to whom granted, date and address, or refer to attached copies of earlier power(s)]*



NAME	DATE POWER OF ATTORNEY GRANTED
ADDRESS (Number and Street, City, State, ZIP Code)	

**Unless limited, this Power of Attorney will remain in effect until the final resolution of all tax matters specified herein.**  
*[specify expiration date if limited term]*

TIME LIMIT/EXPIRATION DATE (for Board of Equalization and Franchise Tax Board purposes)

**Signature of Taxpayer(s)**—If a tax matter concerns a joint return, both spouses must sign if joint representation is requested. If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, registered domestic partner, administrator, or trustee on behalf of the taxpayer, by signing this Power of Attorney you are certifying that you have the authority to execute this form on behalf of the taxpayer.

► **IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL, IT WILL BE RETURNED AS INVALID.**

SIGNATURE 	TITLE (If applicable)	DATE
PRINT NAME		TELEPHONE (       )
SIGNATURE 	TITLE (If applicable)	DATE
PRINT NAME		TELEPHONE (       )