

Tax Information Authorization and

| | For office use only |
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| Date red | ceived |
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| Please print. Use only blue or black | ink. • See additional inform | - | | | | |
|--|--|---|----------------------------------|--|---|--|
| · · · · · · · · · · · · · · · · · · · | | | | Identifying number (SSN, BIN, FEIN, etc.) | | |
| pouse's name, if joint return | | | Spou | Spouse's identifying number (SSN, etc.) | | |
| Address | | City | | State | ZIP code | |
| Check only one: | | | | | | |
| ☐ Tax Information Authorization: Che designee. You may designate a pers | ~ | - | disclose your | confidential ta | x information to you | |
| Power of Attorney for Represental receive confidential information and a listed on the back of this form. | | • | • | - | - | |
| For ☐ All tax years, or ☐ Specific | c tax years: | | | | | |
| I hereby appoint the following person | n as designee or authorize | ed representa | tive: | | | |
| Name | | Phone (|) | Fax (|) | |
| Mailing address | | City | | State | ZIP code | |
| Representative's title and Oregon license number or | relationship to taxpaver | | | | | |
| . Topicos manife o uno ana orogen medico manifesi e. | rotation on proto taxpayor | | | | | |
| If out-of-state CPA, sign here attesting you meet the | requirements to practice in Oregon (s | see instructions) | | | | |
| The above named is authorized to receive r | my confidential tax information | and/or represer | nt me before th | ne Oregon Depa | rtment of Revenue for: | |
| ☐ All tax matters, or | | | | | | |
| Specific tax matters. Enter tax progra | am name(s): | | | | | |
| | Signature of t | ovnovor(o) | | | | |
| I acknowledge the following provision not an attorney. Proceedings cannot Corporate officers, partners, fiduciaring that I have the authority to execute the If a tax matter concerns a joint return authorize separate representatives. | n: Actions taken by an auth later be declared legally def es, or other qualified persor nis form. | orized represe ective because as signing on b | e the represe ehalf of the ta | ntative was no axpayer(s): By | t an attorney. signing, I also certify | |
| Signature | Print name | | | Date | e | |
| X Title (if applicable) | | 1 | Daytime phone | | | |
| | In: · | | () | 15. | | |
| Spouse (if joint representation) X | Print name | | | Date | e | |
| Note: This authorization form automatic on file with the Oregon Department of F want to revoke a prior authorization, in Attach a copy of any other tax inform | Revenue for the same tax mitial here | atters and yea | rs or periods | covered by th | is form. If you do not | |
| Complete the following, if known (for routing purposes only): Revenue employee: Division/Section: Phone/Fax: | | Ser | 955 C | on Departmer Center St NE n OR 97301-2 | | |

Visit www.oregon.gov/dor to complete this form using Revenue Online.

If this tax information authorization or power of attorney form is not signed, it will be returned. Power of attorney forms submitted with Revenue Online will be signed electronically.

Additional information

This form is used for two purposes:

- Tax information disclosure authorization. You authorize
 the department to disclose your confidential tax information to another person. This person will not receive
 original notices we send to you.
- Power of attorney for representation. You authorize another person to represent you and act on your behalf. The person must meet the qualifications below. Unless you specify differently, this person will have full power to do all things you might do, with as much binding effect, including, but not limited to: providing information; preparing, signing, executing, filing, and inspecting returns and reports; and executing statute of limitation extensions and closing agreements.

This form is effective on the date signed. Authorization terminates when the department receives written revocation notice or a new form is executed (unless the space provided on the front is initialed indicating that prior forms are still valid).

Unless the appointed representative has a fiduciary relationship to the taxpayer (such as personal representative, trustee, guardian, conservator), original Notices of Deficiency or Assessment will be mailed to the taxpayer as required by law. A copy will be provided to the appointed representative when requested.

For corporations, "taxpayer" as used on this form, must be the corporation that is subject to Oregon tax. List fiscal years by year end date.

Qualifications to represent taxpayer(s) before Department of Revenue

Under Oregon Revised Statute (ORS) 305.230 and Oregon Administrative Rule (OAR) 150-305.230, a person must meet one of the following qualifications in order to represent you before the Department of Revenue.

1. For all tax programs:

- a. An adult immediate family member (spouse, parent, child, or sibling).
- b. An attorney qualified to practice law in Oregon.
- c. A certified public accountant (CPA) or public accountant (PA) qualified to practice public accountancy in Oregon, and their employees.
- d. An IRS enrolled agent (EA) qualified to prepare tax returns in Oregon.
- e. A designated employee of the taxpayer.
- f. An officer or full-time employee of a corporation (including a parent, subsidiary, or other affiliated corporation), association, or organized group for that entity.
- g. A full-time employee of a trust, receivership, guardianship, or estate for that entity.
- h. An individual outside the United States if representation takes place outside the United States.

2. For income tax issues:

- a. All those listed in (1); plus
- b. A licensed tax consultant (LTC) or licensed tax preparer (LTP) licensed by the Oregon State Board of Tax Practitioners.

3. For ad valorem property tax issues:

- a. All those listed in (1); plus
- b. An Oregon licensed real estate broker or a principal real estate broker; or
- c. An Oregon certified, licensed, or registered appraiser; or
- d. An authorized agent for designated utilities and companies assessed by the department under ORS 308.505 through 308.665 and ORS 308.805 through 308.820.

4. For forestland and timber tax issues:

- a. All those listed in (1), (2), and (3)(b) and (c); plus
- b. A consulting forester.

An individual who prepares and either signs your tax return or who is not required to sign your tax return (by the instructions or by rule), may represent you during an audit of that return. That individual may not represent you for any other purpose unless they meet one of the qualifications listed above.

Generally, declarations for representation in cases appealed beyond the Department of Revenue must be in writing to the Tax Court Magistrate. A person recognized by a Tax Court Magistrate will be recognized as your representative by the department.

Tax matters partners and S corporation shareholders. See OARs 150-305.242(2) and (5) and 150-305.230 for additional information. Include the partnership or S corporation name in the taxpayer name area.

Out-of-state attorneys and CPAs

Attorneys may contact the Oregon State Bar for information on practicing in Oregon. If your out-of-state representative receives authorization to practice in Oregon, attach proof to this form.

CPAs may practice in Oregon if they meet the following substantial equivalency requirements of ORS 673.010:

- 1. Licensed in another state;
- 2. Have an accredited baccalaureate degree with at least 150 semester hours of college education;
- 3. Passed the Uniform CPA exam; and
- 4. Have a minimum of one year experience.

Have questions? Need help?

| General tax information | www.oregon.gov/dor |
|---------------------------------|--------------------|
| Salem | (503) 378-4988 |
| Toll-free from an Oregon prefix | 1 (800) 356-4222 |

Asistencia en español:

| En Salem o fuera de Oregon | (503) 378-4988 |
|-----------------------------|------------------|
| Gratis de prefijo de Oregon | 1 (800) 356-4222 |

TTY (hearing or speech impaired; machine only):

| Salem area or outside Oregon | ••• | . (503) | 945-8 | 617 |
|---------------------------------|-----|---------|-------|-----|
| Toll-free from an Oregon prefix | .1 | (800) | 886-7 | 204 |

Americans with Disabilities Act (ADA): Call one of the help numbers above for information in alternative formats.