



445 E Capitol Ave

Pierre, SD 57501

Power of Attorney

Part I. TAXPAYER INFORMATION

Taxpayer Name		FEIN or last 4 of SSN
Address		
City	State	Zip Code
Phone Number	Email Address	

Part II. POWER OF ATTORNEY

- Add—creates or appoints a new power of attorney authorizing the appointee(s)
- Remove—ends the power of attorney for the appointee(s) - Go to Part V)
- Change—modifies the power previously granted to the appointee(s)

Name of Person Given Power of Attorney		
Address		
City	State	Zip Code
Phone Number	Email Address	

Part III. AUTHORITY GRANTED

I appoint the above person, and anyone included on the attachment, to represent me as attorney-in-fact before the South Dakota Department of Revenue. It is my responsibility to keep my appointee informed of my tax and non-tax matters administered by the Department. I understand the Department does not send copies of all correspondence to my appointee. (For exception, see "Part IV. Optional Elections") This power of attorney shall not be affected by disability of the principal.

I grant **full authority** to the appointee(s). The appointee(s) is authorized to perform all acts I can perform with my tax and non-tax matters administered by the Department.

Check this box if the appointee(s) is not authorized to sign tax returns.

I grant **limited authority** for specific tax types, periods and/or duties (check only the boxes that apply). By checking the boxes, the appointee(s) will be authorized to act on my behalf only for the indicated tax matters. If I do not indicate a specific year or period for a selected tax type, I am granting authority for all years or periods.

Check this box if the appointee(s) is not authorized to sign tax return(s).

SELECT	TAX / LICENSE TYPE	LISTED LICENSE NUMBER(S)	EFFECTIVE DATE OF AUTHORITY
<input type="checkbox"/>	Sales / Use Tax		
<input type="checkbox"/>	Contractor's Excise Tax		
<input type="checkbox"/>	Fuel Tax (IFTA / IRP)		
<input type="checkbox"/>	Bank Franchise Tax		
<input type="checkbox"/>	Alcohol Beverage License		
<input type="checkbox"/>	Tobacco License		
<input type="checkbox"/>	911 Surcharge		
<input type="checkbox"/>	Other: _____		

Part IV. OPTIONAL ELECTIONS

1. Authorize primary appointee to receive all correspondence, including refunds, from the Department.
 - I elect to have the South Dakota Department of Revenue send the primary appointee all refunds, legal notices, and correspondence about the tax and nontax debt matters specified in this document. By making this election, I understand that I will no longer receive anything – including refunds and legal notices – from the Department and my primary appointee will receive it on my behalf.
2. Authorize appointee to communicate by email.
 - I authorize the South Dakota Department of Revenue to communicate by email with my appointee. I understand private tax data about me will be sent over the Internet. I accept the risk my data may be accessed by someone other than the intended recipient. I agree the South Dakota Department of Revenue is not liable for any damages I may have as a result of interception.

Part V. EXPIRATION DATE AND SIGNATURE

Expiration Date
 (If no date is provided, this power of attorney and optional elections are valid until removed)

This power of attorney and elections are not valid until this document is signed by the taxpayer before a notary and received by the Department.

Printed Name

Title (If applicable)

Taxpayer's signature (corporate officer, partner or fiduciary)

Date

Part VI. NOTARIZATION

State of: _____

County of: _____

On this the ____ day of _____, 20____, before the undersigned, a Notary Public for the State of _____ personally appeared _____, known to me or satisfactorily proven to be the person who executed the foregoing instrument, and acknowledged that he / she executed the same, in capacity as shown, of his / her own free act and deed.

In witness whereof I hereunto set my hand and official seal this ____ day of _____, 20____.

 Notary Public
 My commission expires on: _____