

Part 1 – Taxpayer Information

Taxpayer's last name or business name		Taxpayer's first name		ID number
Spouse's last name		Spouse's first name		Spouse's ID number
Current address				Daytime telephone number () -
City	State	Zip code	Email address (optional)	

Part 2 – Representative(s)

If an individual(s) name is provided, authority is limited to that individual(s). If a business name is provided without specifying an individual, authority is granted to employees of the business.

Check only one (see instructions):

Add - appoints a new or additional representative

Revoke - ends the representative named below

Business legal name			Telephone number () -
Individual's last name	Individual's first name		Telephone number () -
Individual's last name	Individual's first name		Telephone number () -
Mailing address			Fax number () -
City	State	Zip code	Email address

If revoking a representative, skip Part 3 and sign and date the form.

Part 3 – Authority Granted

I grant full authority to the representative(s) - The representative(s) named above has full authority to perform any act with respect to matters before the department that the taxpayer(s) can and may perform, including receiving confidential Wisconsin tax information. **Note:** If granting full authority, do not check any boxes on the next page.



Taxpayer Name	ID Number
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Part 3 – Authority Granted *(continued)*

I grant limited authority to the representative(s) - (check only items below for which you are granting authority.) The representative(s) named above has authority to perform any act, with respect to the items checked below, that the taxpayer(s) can and may perform, including the authority to receive confidential Wisconsin tax information.

Limited Authority	Period(s) (optional)	Limited Authority	Period(s) (optional)
<input type="checkbox"/> Income or Franchise Taxes	_____	<input type="checkbox"/> Employer Withholding Taxes	_____
<input type="checkbox"/> Sales and Use Taxes	_____	<input type="checkbox"/> Pass-Through Withholding Taxes	_____
<input type="checkbox"/> Excise Taxes	_____	<input type="checkbox"/> Nontax Debt	_____
<input type="checkbox"/> Property Taxes	_____	<input type="checkbox"/> Other (describe below)	_____

Part 4 – Signature of Taxpayer(s)

I understand that the execution of this Power of Attorney does not relieve me of personal responsibility for correctly and timely reporting and paying taxes, or from the penalties, fees, or interest for failure to do so, all as provided for under Wisconsin tax law. I understand a photocopy, faxed copy, and/or electronic copy of this form has the same authority as the signed original.

If signed by a corporate officer, general partner, managing member, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

Signature	Title	Date
Signature	Title	Date

Note: All notices that are automatically generated by the department's computer system will be sent only to the taxpayer. If the representative needs copies of these notices, the representative must request a copy each time a notice is issued if it cannot be accessed in My Tax Account as an approved third party.

