

# West Virginia State Tax Department Authorization of Power of Attorney

*Authorization giving the person you name on this form specified powers to act on your behalf in interacting or communicating with the West Virginia State Tax Department*  
**Type or print** the information you provide on this form. **Incomplete, faxed, or photocopied forms will be REJECTED.**

**1 | PRINCIPAL INFORMATION** The business or individual granting the power of attorney

Print Name of Individual or Business	SSN, FEIN, or Tax ID #	Phone #
Print Name of Spouse or Corporate Officer and Title	SSN, FEIN, or Tax ID #	Phone #
Address	City	State Zip

**2 | AGENT INFORMATION** The individual(s) receiving the power of attorney

Print Name of Agent	SSN, Bar #, or CAF #	Phone #
Address	City	State Zip

**3 | EXPIRATION** *The powers granted by this authorization are valid until...*

Revoked.  
 (Month/Day/Year) \_\_\_\_\_

Liability for delinquent tax or taxes listed below is satisfied.  
 Other (explain) \_\_\_\_\_

**4 | AUTHORIZATION**

**4A | DESCRIPTION OF MATTER** Description of the limits of the authorization

Type Of Tax   Account # (if known) (Personal Income, Estate, etc.)	Month, Quarter, Or Year Of Return (Date of Death if Estate Taxes)

**4B | ACTS AUTHORIZED** Check ONE of the Following:

**Full Authority** I hereby give the agent named above authorization to act on my behalf in interacting or communicating with the WV State Tax Department; to receive confidential information concerning me; to extend the period during which I am liable for assessment/payment of the above listed taxes; to sign and return forms; to make and sign agreements settling matters in dispute; to assign this Power of Attorney to another person approved by me in writing; and to receive (but not to endorse and cash) any checks issued by the WV Tax Department.

**Restrictions** I hereby give the agent named above authorization to act for me in dealing with the WV State Tax Department with the following restrictions:

_____ Signature of Principal (Signature of Corporate Officer if for a business)	_____ Date	_____ Signature of Spouse (if any returns listed above are joint returns)	_____ Date
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**5 | WITNESS or NOTARY** Check and complete ONLY ONE of the following.

If the power of attorney is granted to a person other than an attorney or certified public accountant, the taxpayer(s) signature must be witnessed or notarized.

<p><input type="checkbox"/> <b>Witness</b> The person(s) signing as/for the taxpayer(s) is/are known to and signed in their presence of the two disinterested witnesses who have signed below:</p> <p>_____</p> <p style="text-align: center;">Signature of Witness   Date</p> <p>_____</p> <p style="text-align: center;">Telephone #</p> <p>_____</p> <p style="text-align: center;">Signature of Witness   Date</p> <p>_____</p> <p style="text-align: center;">Telephone #</p>	<p><input type="checkbox"/> <b>Notary</b> The person signing as/for the taxpayer(s) appeared this day before a notary public and acknowledged this power of attorney as a voluntary act and deed:</p> <p>_____</p> <p style="text-align: center;">Signature of Notary   Date</p> <p style="text-align: center;">NOTARY SEAL</p>
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