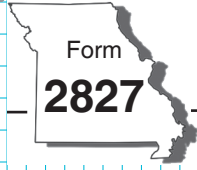


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MISSOURI DEPARTMENT OF REVENUE Power of Attorney

Department Use Only (MM/DD/YY)

Taxpayer Missouri Tax I.D. Number

Taxpayer Federal Employer I.D. Number

Taxpayer Social Security Number



All appointed representatives must sign on reverse side of this form.

Form fields for Taxpayer's Name or Business Name, Spouse's Name or if a DBA, state the business name, Spouse's Social Security Number, Street Address, Missouri Charter Number, City, State, Zip Code, Telephone Number, and E-mail Address.

Representative(s)

Table with 6 rows for Appointed Representatives, each with fields for Name, Address, Telephone Number, and E-mail Address.

Tax Type(s)

Form with checkboxes for Cigarette or Other Tobacco Products, Motor Fuel, Other, Income Tax, Sales or Use, Pass-through Entity Tax, Withholding, and Medical and Adult Use Marijuana Tax.

Year(s) and Period(s)

Form with checkboxes for All Tax Periods, Range of Tax, Tax Year or Period(s) Only, and Date of Death (if estate tax).

Removal of Power

Form with checkboxes for All other powers of attorney on file with the Department shall remain in effect, or By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked, except the following: (specify to whom the power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.) Attach additional forms if needed.

Signature

Under penalties of perjury, I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____ / ____ / _____	Taxpayer Telephone Number (____) _____ - _____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____ / ____ / _____	Taxpayer Telephone Number (____) _____ - _____

NOTE: If Pass-through Entity Tax is selected see page 3 for member(s) signature(s).

Current mailing and email address, as well as telephone number, must all be entered for the Affected Business Entity Representative .

Declaration of Representative(s)

Please consult Missouri Regulation [12 CSR 10-41.030](#) for any questions about who may serve as an attorney(s)-in-fact and what additional documentation may be required.

I declare that I am aware of Regulation [12 CSR 10-41.030](#) and that I am authorized to represent the taxpayers identified above for the tax matters there specified and that I am one of the following:

- | | |
|--|---|
| 1. a member in good standing of the bar; | 5. a fiduciary for the taxpayer; |
| 2. a certified public accountant duly qualified to practice; | 6. an enrolled agent; |
| 3. an officer of the taxpayer organization; | 7. tax preparer, or |
| 4. a full-time employee of the taxpayer; | 8. other authorized representative or agent |

Note: All appointed representatives must sign below.
If the representative is to serve as an Affected Business Entity Representative, fill in the Title of that person as "Affected Business Entity Representative".

Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____ / ____ / _____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____ / ____ / _____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____ / ____ / _____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) ____ / ____ / _____
Designation (Please select number from list above) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	Title (if applicable)	

Under penalties of perjury, I (we) hereby certify that I (we) am (are) members of, or an officer or manager of, the taxpayer named on this Form 2827, and that I (we together) am (are) authorized to designate an affected business entity representative for the taxpayer.

Pass-through Entity Member(s)

Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____

Form 2827 (Revised 03-2025)

Mail to:

(Business Tax)
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

(Personal Tax)
Taxation Division
P.O. Box 2200
Jefferson City, MO 65105-2200
Phone: (573) 751-3505
Fax: (573) 522-1762
E-mail: income@dor.mo.gov

(Motor Fuel Tax)
Taxation Division
P.O. Box 300
Jefferson City, MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

(Cigarette or Other Tobacco Products Tax)
Taxation Division
P.O. Box 811
Jefferson City, MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: DOR.tobacco@dor.mo.gov

(Pass Through Entity Tax)
Taxation Division
P.O. Box 3080
Jefferson City, MO 65105-3080
Phone: (573) 751-5860
Fax: (573) 522-1721
TTY: (800) 735-2966
E-mail: pteincome@dor.mo.gov

If this is being submitted in response to an audit, please fax to (573) 522-6922.

Visit dor.mo.gov for additional information.



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