		211111	1111122	22222	22333	333	333П	144		ПССС	55555	5555	55	555	5677	777	777	770		25
			5678901																	
04			MISSOURI DEPA			TUU			7 7 0 7 0				JT.			207				+
05	ζ _F	Form	REVE								ment Use C	nly								t
06	- 1	1								(MM/DI	D/YY)									t
07	_ 2	827	Power of	Attorney									Н				+++			$^{+}$
0/	- L_												Н				+++			+
08		2.5	F														+++			+
09													Ш					Щ		+
10	Тахрау	er Missouri						Ta	xpayer Fe	ederal	_							_		1
11	Tax I.D). Number						En	nployer I.E). Numbe	r									1
12																	ш			1
13	Taxpay	er Social																		L
14	Security	y Number												50401			,	"""		L
15 16																	ШШ			\perp
16				All ap	pointed rep	resen	tatives	must	sign on i	reverse	side of this	s form.								
17	Taxpa	ver's Name	or Business N	lame																Т
																				Т
19	Spaul	a's Noma	r if a DBA, stat	the busine	see name		++++		+++		enous	e's Socia	al 6^	Curity	Numba	r	+++	+		Ť
20	Spous	oc s inaille 0	LII a DDA, Stat	e me busine	SS HAITIE						Spous	e s socia	ai 50	curity	ivuilibe	-	+++	+++		+
21													Ш					ш		+
22	Street	Address					++++			1	Missouri Ch	arter Nu	mbe		+++	++	+++	+++	+++	+
							+++		++++	+		1 1			+++		+++	+++	+++	+
<u> </u>	City					State	+++	Zip C	ode		Teleph	one Nur	nber		+		+++	+	+++	+
<u> </u>	+++						+++	++	++++	++++	1	H 1	\mathbb{H}		_	++	+++	+++	+++	+
18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37	F-mail	l Address					+++		+++			- 	Ħ	++	+++	##	++	++		+
26	L-IIIall	Audiess					+++	+++	+++		++++	+++	H		+++	++	+++	+++	+++	+
27							+++		+++	++++	++++	+++	\square		+++	++	+++	+++	+++	+
28		Name of A	Appointed Rep	resentative		Addr	ess										###			1
29			1.11111										Ш				+++	$\perp \perp \downarrow$		1
30		Telephone	Number			E-m	ail Addre	cc									###	++		1
31		/	Value			- 1116	all Addition	33									ш			1
32		<u> </u>	/														$\perp \perp \perp$			L
33		Name of A	Appointed Rep	resentative		Addr	ess										ШШ			
34	(S)																			
35	presentative(s)	Telephone	e Number			E-ma	ail Addre	ss												Γ
36	tati	(-																Τ
37	en	Name of A	Appointed Rep	resentative		Addr	ess													Т
38	res		11 11 11																	Ť
	Rep	Tolonbon	e Number			Em	ail Addre	00									##	+++		Ť
ПO	œ	/	\ \			E-III	all Addre	55					Ш				+++			Ť
111		1																##		t
112		Name of /	Appointed Rep	resentative		Addr	ess						ш				+++			t
112																				t
1111		Telephone	e Number			E-ma	ail Addre	ss					ш				+++			t
110				+ 111			++++			++++	++++		H		+++	++	+++	+++	+++	+
40			,																	+
4 b	ŝ	Cigar	ette or Other	Tobacca D	duoto	Inc	ne Tax			20 45 -	gh Entity Ta			Modi	al and	ا عاد الم	loc	++7		+
4/	Tax Type(s)			TODACCO FIC								1X			iana Ta		JSE	+++		$^{+}$
48	<u> </u>	Moto	r Fuel		\Box	Sales	or Use		III W	ithholding	1		Н				Sales Ta	ax		$^{+}$
49	a×.	Othe	r										Н				+++	+++		+
40																	+++	+		+
51	-	Only sele	ct one of the fo	ollowing:									Н		+++		+++	+++		+
52	Year(s) and Period(s)		ax Periods	Jilowing.		Tov	ear or P	oriod(2) (22)				Ш				+++	+++		+
53	s) oq(ax relious		<u> </u>	ıax ı	eal of F	enou(s) Offig								+++	+++		+
54	eri eri	Rang	e of Tax		\Box	Date of	of Death	(if esta	ate tax) _	1	4-		ш				+++			+
55	_ ≽	Tax F	eriod Beginnir	ng,	///			to 1	ax Perio	d Ending	//_		/				+++	+++		+
56													Ħ					+	+++	1
57	<u>.</u>	All ot	her powers of	attorney on f	ile with the E)epartr	nent sha	ll rema	in in effec	et. or							\coprod			1
58	Power										uith tha Da				h	1.5.4		41- 4		1
59	Ţ		xecution of th ving: (specify t																$\bot \bot \bot$	1
50	al of		ung: (specify tauthorizations.					neu, C	iale allu a	auuress, (or relei to a	macried	copi	es ul e	ariiei p	owers	or allor	пеу	$\bot \bot \bot$	1
61	ova	a iu a	adii iorizalioris.	, madii add		5 II 110t	Jucu.						Ш				Ш	$\perp \perp \downarrow$		1
62	Removal												Ш					$+\Box$		\perp
39 40 41 42 43 44 45 46 47 48 49 40 51 52 53 54 55 56 57 58 59 50 61 62 63 64 65 66	Ϋ́												Ш				+	\perp		\perp
64																				Ţ
65													Ш							\perp
66																			$ \top$	

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 f												
Current mailing and email address, as	well as telephone num	ber, must all be entered for the A	Iffected Business Entity Representative .										
Please consult Missouri Regulation 1	2 CSR 10-41.030 for	any questions about who may s	serve as an attorney(s)-in-fact and what addition										
documentation may be required.	se consult Missouri Regulation 12 CSR 10-41.030 for any questions about who may serve as an attorney(s)-in-fact and what addition 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:													
 a member in good standing of the bar; a fiduciary for the taxpayer; 													
2. a certified public accountant duly quality of the toynguar ergonizate		6. an enrolled	_										
4. a full-time employee of the taxpaye	 an officer of the taxpayer organization; a full-time employee of the taxpayer; other authorized representative or agent 												
	ote: All appointed representatives must sign below. the representative is to serve as an Affected Business Entity Representative, fill in the Title of that person as "Affected Business En												
Representative".													
Printed Name of Representative	Signatu	ure of Representative	Date (MM/DD/YYYY)										
			//										
Designation (Please select number from		Title (if applicable)											
1 2 3 4	5	J 8											
Printed Name of Representative	Signatu	ure of Representative	Date (MM/DD/YYYY)										
			/										
Designation (Please select number from 1 2 3 3 4	m list above) 5	Title (if applicable)											
Printed Name of Representative	Signatu	ure of Representative	Date (MM/DD/YYYY)										
			//										
Designation (Please select number from		Title (if applicable)	·										
1 2 3 4	5 📙 6 📙 7 📙	J 8											
1 2 3 4 Printed Name of Representative		ure of Representative	Date (MM/DD/YYYY)										
1 2 3 4 Printed Name of Representative		-	Date (MM/DD/YYYY)										

1 2 3 4 5 6 7 8

2827, and that I (we together) am (are) auth	norized to designate an affected business entity re	presentative for the taxpayer.
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY)	Taxpayer Telephone Number
	///	()
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY)	Taxpayer Telephone Number
	//	1
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY)	Taxpayer Telephone Number
	//	(
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY)	Taxpayer Telephone Number
- Oignaturo	///	
Name	Title (if applicable)	
Circotus	Date (MM/DD/YYYY)	Town over Telephone Niverbox
Signature	//	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
o.g. iata. o	///	1/
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY)	Ţaxpayer Telephone Number
S.g. Staro	///	()
Name	Title (if applicable)	1
Signature	Date (MM/DD/YYYY)	Ţaxpayer Telęphone Number
	///	() -

Form 2827 (Revised 04-2024)

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: <u>businesstaxregister@dor.mo.gov</u>

(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: corporate@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.



