



MISSOURI DEPARTMENT OF  
**REVENUE**  
Power of Attorney

Department Use Only  
(MM/DD/YY)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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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.

|  |       |                         |                                   |
|--|-------|-------------------------|-----------------------------------|
| 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<br>( ) - - - - - |
| E-mail Address                                     |       |                         |                                   |

|                          |                                   |                |
|--------------------------|-----------------------------------|----------------|
| <b>Representative(s)</b> | Name of Appointed Representative  | Address        |
|                          | Telephone Number<br>( ) - - - - - | E-mail Address |
|                          | Name of Appointed Representative  | Address        |
|                          | Telephone Number<br>( ) - - - - - | E-mail Address |
|                          | Name of Appointed Representative  | Address        |
|                          | Telephone Number<br>( ) - - - - - | E-mail Address |

|                    |  |   |  |
|--------------------|--|---|--|
| <b>Tax Type(s)</b> | <input type="checkbox"/> Cigarette or Other Tobacco Products | <input type="checkbox"/> Corporation Income and Corporation Franchise | <input type="checkbox"/> Personal Income |
|                    | <input type="checkbox"/> Motor Fuel                          | <input type="checkbox"/> Sales or Use                                 | <input type="checkbox"/> Withholding     |
|                    | <input type="checkbox"/> Other _____                         |   |  |

|                              |  |  |
|------------------------------|--|--|
| <b>Year(s) and Period(s)</b> | Only select one of the following:  |  |
|                              | <input type="checkbox"/> All Tax Periods   | <input type="checkbox"/> Tax Year or Period(s) Only _____                  |
|                              | <input type="checkbox"/> Range of Tax<br>Tax Period Beginning ____ / ____ / _____ to Tax Period Ending ____ / ____ / _____ | <input type="checkbox"/> Date of Death (if estate tax) ____ / ____ / _____ |

|                         |   |
|-------------------------|---|
| <b>Removal of Power</b> | <input type="checkbox"/> All other powers of attorney on file with the Department shall remain in effect, or  |
|                         | <input type="checkbox"/> 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.<br>_____<br>_____ |

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

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

Note: All appointed representatives must sign below. No digital signatures allowed.

|   |                             |                                     |
|---|-----------------------------|-------------------------------------|
| Printed Name of Representative  | Signature of Representative | Date (MM/DD/YYYY)<br>____/____/____ |
| Designation (Please select number from list above)<br><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)<br>____/____/____ |
| Designation (Please select number from list above)<br><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)<br>____/____/____ |
| Designation (Please select number from list above)<br><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)<br>____/____/____ |
| Designation (Please select number from list above)<br><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)       |                                     |

Form 2827 (Revised 04-2018)

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](mailto:businesstaxregister@dor.mo.gov)

(Personal Tax)  
Taxation Division  
P.O. Box 2200  
Jefferson City, MO 65105-2200  
Phone: (573) 751-3505  
Fax: (573) 751-2195  
E-mail: [income@dor.mo.gov](mailto: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](mailto: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: [excise@dor.mo.gov](mailto:excise@dor.mo.gov)



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

Visit <http://dor.mo.gov> for additional information.



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