



Missouri Department of Revenue
Power of Attorney

Please print on white paper only

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

Taxpayer's Name or Business Name			Social Security Number or Federal I.D. Number
Spouse's Name or if a dba, state the business name			Spouse's SSN or Federal I.D. Number
Street Address			Missouri Tax I.D. Number
City	State	Zip Code	Missouri Charter Number
E-mail Address			Telephone Number () - _____

Representative(s)	Name of Appointed Representative Jim Claus	Address P.O. Box 1423 Columbia, Missouri 65205
	Telephone Number (573)474-8431	E-mail Address jclaus@columbiaedp.com
	Name of Appointed Representative Jonathon Burks	Address P.O. Box 1423 Columbia, Missouri 65205
	Telephone Number (573)474-8431	E-mail Address jburks@columbiaedp.com
	Name of Appointed Representative	Address
	Telephone Number () - _____	E-mail Address
Name of Appointed Representative	Address	
Telephone Number () - _____	E-mail Address	

Tax Type(s)	<input type="checkbox"/> Cigarette or Other Tobacco Products <input type="checkbox"/> Corporate Income or 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 _____	Form(s)	<input type="checkbox"/> All Forms <input type="checkbox"/> All Registration Forms <input type="checkbox"/> Only Form(s) MO-941 _____
-------------	--	---------	---

Year(s) and Period(s)	<input type="checkbox"/> All Tax Periods <input checked="" type="checkbox"/> Tax Year or Period(s) Only 2014 - 2017 _____
	<input type="checkbox"/> Range of Tax <small>Periods or Years</small> _____ to _____ <input type="checkbox"/> Date of Death (if estate tax) ____/____/____

Courtesy Mailings	<p>Each attorney-in-fact is authorized, subject to revocation, to receive confidential information and perform any and all acts that the taxpayer(s) can perform with respect to the above specified tax matters, but not the power to endorse or receive checks in payment of any refunds or to represent the taxpayer or business in any proceeding before the Administrative Hearing Commission.</p> <p>Information involving the above tax matter(s) may be sent as indicated below. Failure of a representative to receive notice does not relieve the taxpayer of responsibility to respond to notices.</p> <input type="checkbox"/> The representative first named above, or <input type="checkbox"/> The following named representative(s) (no more than two): _____
-------------------	---

Removal of Power	<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.
	_____ _____

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 (____)____-____

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 of the highest court of the jurisdiction indicated below;
2. a certified public accountant duly qualified to practice in the jurisdiction indicated below;
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 Jim Claus	Signature of Representative	Date (MM/DD/YYYY) ___/___/___
Designation (Please select number from list above) <input checked="" 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 Jonathon Burks	Signature of Representative	Date (MM/DD/YYYY) ___/___/___
Designation (Please select number from list above) <input checked="" 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 checked="" 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 checked="" 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 03-2014)

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: businessstaxregister@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

(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: excise@dor.mo.gov



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