



FRANCHISE TAX BOARD Power of Attorney Declaration

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Part 1 – Taxpayer Information

► Individual (Do not complete Fiduciary or Business Entity section of Part 1)

| | | | | |
|--|--|----------|------------|------------------|
| Taxpayer Name: | | Initial: | Last Name: | SSN or ITIN: |
| | | | | |
| Address (suite, room, PO box, or PMS no.): Check if new address <input type="checkbox"/> . | | | | Telephone No.: |
| | | | | () - |
| City: | | | | State: ZIP Code: |
| | | | | - |

► Fiduciary (estates and trusts)

| | | | |
|--|--|------------------|----------|
| Estate or Trust Name: | | SSN or ITIN: | FEIN: |
| | | | |
| Address (suite, room, PO box, or PMS no.): Check if new address <input type="checkbox"/> . | | Telephone No.: | Fax No.: |
| | | () - | () - |
| City: | | State: ZIP Code: | |
| | | - | |

► Business Entity

| | | |
|--|--|------------------|
| Business Name (Corporations filing a combined return, see instructions.): | | CA Corp No.: |
| | | |
| Address (suite, room, PO box, or PMS no.): Check if new address <input type="checkbox"/> . | | FEIN: |
| | | CA SOS No.: |
| City: | | State: ZIP Code: |
| | | - |
| | | Telephone No.: |
| | | () - |
| | | Fax No.: |
| | | () - |

Part 2 – Representative The taxpayer in Part 1 appoints the following representative(s) as attorney(s)-in-fact:

Primary Representative Check if new ☐ Address ☐ Telephone no.

To appoint additional representatives attach a list including all required information to this form.

| | | |
|--|------------------|----------|
| Name: | IRS CAF No.: | PTIN: |
| | | |
| Address (suite, room, PO box, or PMS no.): | Telephone No.: | Fax No.: |
| | () - | () - |
| City: | State: ZIP Code: | |
| | - | |
| Email address: | | |
| | | |

Additional Representative Check if new ☐ Address ☐ Telephone no.

| | | |
|--|------------------|----------|
| Name: | IRS CAF No.: | PTIN: |
| | | |
| Address (suite, room, PO box, or PMS no.): | Telephone No.: | Fax No.: |
| | () - | () - |
| City: | State: ZIP Code: | |
| | - | |

Part 3 – Authorization for All Tax Years or Income Periods for a Limited Duration

☐ I authorize the listed representative(s), in addition to anything otherwise authorized on this form, to represent me regarding any matters with the Franchise Tax Board regardless of tax years or income periods. I understand that this authority will expire four years from the date this POA is signed or a new POA is filed revoking this authorization.

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