



STATE OF CALIFORNIA
FRANCHISE TAX BOARD
PO BOX 2828
RANCHO CORDOVA CA 95741-2828
Fax Number (916) 845-0523

POWER OF ATTORNEY DECLARATION FOR ADMINISTRATION OF TAX MATTERS

For FTB Use Only:

Corr: _____
Phone: _____
Follow-up: _____
Action: _____

Please see page 4 for instructions. For more information about Power of Attorney Declaration or revoking prior declarations, see FTB 1144, Power of Attorney: Frequently Asked Questions.

1. TAXPAYER INFORMATION

A) If this regards personal income tax, please provide:

Taxpayer's Name	Taxpayer's Social Security Number — —
Spouse's Name, if Applicable	Spouse's Social Security Number — —
Address	Home Telephone Number () —
City and State	Taxpayer's Day Telephone Number () —
Zip Code/Country if Foreign	Spouse's Day Telephone Number () —

B) If this regards Bank, Corporation, Partnership, or Limited Liability Company tax matters, please provide:

Business Name	Tax Identification Number (California Corporation, Federal Employer, OR Secretary of State):
Address	Type of Business <input type="checkbox"/> Corporation (Please check one) <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company
City and State	
ZIP Code/Country if Foreign	Telephone Number () —

(NOTE: You **MUST** complete and attach Schedule for Multiple Banks and Corporations (page 3), if this Power of Attorney Declaration applies to combined reporting of more than one bank or corporation).

2. REPRESENTATIVE(S)

As a party to the tax matter before the Franchise Tax Board or as owner, officer, receiver, administrator, or trustee for the taxpayer, I hereby appoint the following person(s) to represent the taxpayer(s) for specified tax matters arising under the Personal Income Tax Law, Bank and Corporation Tax Law, and/or the Administration of the Franchise and Income Tax Laws for the tax year(s) or income year(s):

(SPECIFY TAX YEARS OR INCOME YEARS) _____

(You must enter names of individuals. Do not enter names of accounting or law firms or other businesses.)

Representative's Name	IRS Centralized Authorization File Number
Address	Telephone Number () —
City and State	Fax Number () —
ZIP Code/Country if Foreign	Check if new <input type="checkbox"/> Address <input type="checkbox"/> Telephone Number
Representative's Name	IRS Centralized Authorization File Number
Address	Telephone Number () —
City and State	Fax Number () —
ZIP Code/Country if Foreign	Check if new <input type="checkbox"/> Address <input type="checkbox"/> Telephone Number
Representative's Name	IRS Centralized Authorization File Number
Address	Telephone Number () —
City and State	Fax Number () —
ZIP Code/Country if Foreign	Check if new <input type="checkbox"/> Address <input type="checkbox"/> Telephone Number

(THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED.)