

## STATE OF HAWAII - DEPARTMENT OF TAXATION POWER OF ATTORNEY

(NOTE: References to "married", "unmarried", and "spouse" also means "in a civil union", "not in a civil union", and "civil union partner", respectively.)

PART I POWER OF ATTORNEY (Please type or print.) Taxpayer Information. Taxpayer(s) must sign and date this form on page 2, line 6. Taxpayer name(s) and address (Please type or print.) Social security number(s) Federal employer identification number Daytime telephone number Fax number E-mail address hereby appoint(s) the following representative(s) as attorney(s)-in-fact: 2 Representative(s) must sign and date this form on page 2, Part II. Individual name and address Telephone No. ( ) \_\_\_\_\_ Fax No. ( E-mail address Fax  $\square$ Check if new: Address Telephone E-mail Individual name and address Telephone No. ( Fax No. ( E-mail address Check if new: Address ☐ Telephone ☐ Fax  $\square$ E-mail Individual name and address Telephone No. ( Fax No. ( E-mail address \_ Check if new: Address Telephone E-mail Individual name and address Telephone No. ( Fax No. ( ) E-mail address Check if new: Address Telephone Fax  $\square$ E-mail to represent the taxpayer(s) before the Department of Taxation, State of Hawaii, for the following tax matters: 3 Tax Matters Hawaii Tax I.D. Number Type of Tax Tax Form Number Year(s) or Period(s) (Income, General Excise, etc.) (N-11, N-13, G-49, etc.) 4 Acts Authorized.—The representatives are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, tax clearance applications, or other documents. The authority does not include the power to receive refund checks, the power to substitute another representative, the power to sign certain returns, or the power to execute a request for disclosure of tax returns or return information to a third party. List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

5 Retention/Revocation of Prior Power(s) of Attorney.—The filing of this power of attorney automatically revokes all earlier power(s) on file with the State of Hawaii for the same tax matters and years or periods covered by this document. If you do not want to revoke a						revoke a prior power	
of attorn	attorney, check here						
6 Signature of Taxpayer(s).—If a tax matter concerns a joint return, both husband and wife must sign if joint representation is requested.							
If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the tax I certify that I have the authority to execute this form on behalf of the taxpayer.							
➤ IFTH	IIS POWER OF A	TTORNEY IS NOT SIGNED, I	T WILL BE RETURNE	ED.			
	Signature			 Date	Titlo	(if applicable)	
	Signature			Date	Title (if applicable)		
	Print Name			Print name of taxpayer from line 1 if other than individual			
	Signature			Date	Title (if applicable)		
Print Name							
PART II	SIGNATUR	E OF REPRESENTATIV	/E(S)				
			(-)				
	urity Number numbers)	Type or Print Name		Signature		Date	
	I		I				

## Filing the Power of Attorney

File the original, photocopy, or facsimile transmission (fax) with each letter, request, form, or other document for which the power of attorney is required. For example, if you wish to designate an individual to represent you in obtaining tax clearance certificates, a copy of Form N-848 must be filed each time you submit Tax Clearance Applications. The Department does not maintain a permanent, centralized file of powers of attorney.