



MISSOURI DEPARTMENT OF
REVENUE
Power of Attorney

Department Use Only
(MM/DD/YY)

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Taxpayer Missouri Tax I.D. Number

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Taxpayer Federal Employer I.D. Number

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Taxpayer Social Security Number

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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 (____) ____ - ____
E-mail Address			

Representative(s)	Name of Appointed Representative	Address
	Telephone Number (____) ____ - ____	E-mail Address
	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"/> Income Tax	<input type="checkbox"/> Pass-through Entity Tax
	<input type="checkbox"/> Motor Fuel	<input type="checkbox"/> Sales or Use	<input type="checkbox"/> Withholding
	<input type="checkbox"/> Other _____		

Year(s) and Period(s)	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 Tax Period Beginning ____ / ____ / _____ to Tax Period Ending ____ / ____ / _____	<input type="checkbox"/> Date of Death (if estate tax) ____ / ____ / _____

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 (____) _____ - _____

NOTE: If Pass-through Entity Tax is selected see page 3 for member(s) signature(s).

Current mailing and email address, as well as telephone number, must all be entered for the Affected Business Entity Representative .

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

Note: All appointed representatives must sign below.

If the representative is to serve as an Affected Business Entity Representative, fill in the Title of that person as "Affected Business Entity Representative".

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



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Under penalties of perjury, I (we) hereby certify that I (we) am (are) members of, or an officer or manager of, the taxpayer named on this Form 2827, and that I (we together) am (are) authorized to designate an affected business entity representative for the taxpayer.

Pass-through Entity Member(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 (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) ____/____/____	Taxpayer Telephone Number (____)____-____

Form 2827 (Revised 11-2022)

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

(Personal Tax)
Taxation Division
P.O. Box 2200
Jefferson City, MO 65105-2200
Phone: (573) 751-3505
Fax: (573) 522-1762
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

(Pass Through Entity Tax)
Taxation Division
P.O. Box 3080
Jefferson City, MO 65105-3080
Phone: (573) 751-5860
Fax: (573) 522-1721
TTY: (800) 735-2966
E-mail: corporate@dor.mo.gov

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

Visit dor.mo.gov for additional information.



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