



Phone: (816) 513-1120  
Fax: (816) 513-1075  
E-file: [www.kcmo.org/revenue](http://www.kcmo.org/revenue)

<b>PLEASE TYPE OR PRINT</b>	
TAXPAYER(S) NAME / BUSINESS NAME	SOCIAL SECURITY NO.
NUMBER AND STREET	FEDERAL I.D. NUMBER
CITY OR TOWN, STATE, ZIP CODE	EMPLOYER WITHHOLDING NO.

<b>HEREBY APPOINTS</b>	
NAME OF APPOINTEE	ADDRESS
NAME OF APPOINTEE	ADDRESS
NAME OF APPOINTEE	ADDRESS
NAME OF APPOINTEE	ADDRESS

as attorney(s)-in-fact to represent taxpayer(s) before the City of Kansas City, Missouri, Finance Department, Revenue Division, with respect to the following tax matter(s) (the tax type(s), form(s) and year(s) to which this form applies must be listed below:

TYPE OF TAX (EARNINGS TAX, EMPLOYER WITHHOLDING, BUSINESS LICENSE, ETC.)	TAX FORM NUMBER (RD-105, RD-108, ETC.)	YEAR(S) OR PERIOD(S)

The attorney(s)-in-fact (or any of them) are 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, nor to sign return(s).

By execution of this power of attorney, all earlier powers of attorney on file with the Kansas City, Missouri, Finance Department, Revenue Division, for the same tax matter and years or periods covered by this power of attorney are revoked, except the following (specify to whom power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.):

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**SIGNATURE OF OR FOR TAXPAYER(S)**

I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I (we) have the authority to execute this power of attorney on behalf of the taxpayer(s).

NAME	TITLE (IF APPLICABLE)
SIGNATURE	DATE
NAME	TITLE (IF APPLICABLE)
SIGNATURE	DATE

**DECLARATION OF REPRESENTATIVE**

I declare that I am aware of Regulation 12 CSR 10-41.030 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. duly qualified to practice as a certified public accountant in the jurisdiction indicated below;
3. officer of the taxpayer organization;
4. a full-time employee of the taxpayer;
5. a fiduciary for the taxpayer;
6. enrolled agent;
7. other \_\_\_\_\_

and that I am authorized to represent the taxpayer identified above for the tax matters there specified.

DESIGNATION (INSERT APPROPRIATE NUMBER FROM ABOVE LIST)	JURISDICTION (STATE, ETC.)	SIGNATURE	DATE

**PLEASE SEND COMPLETED FORM(S) TO:**

Revenue Division  
City Hall, Second Floor  
414 E. 12th St.  
Kansas City, MO 64106