



Missouri Department of Revenue
Power of Attorney

Department Use Only (MM/DD/YY)

Grid for Department Use Only (MM/DD/YY)

Taxpayer Missouri Tax I.D. Number grid

Taxpayer Federal Employer I.D. Number grid

Taxpayer Social Security Number grid



All appointed representatives must sign on reverse side of this form.

Main form fields: 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

Table for Appointed Representative(s) with columns for Name, Address, Telephone Number, and E-mail Address

Tax Type(s) section with checkboxes for Cigarette or Other Tobacco Products, Corporation Income and Corporation Franchise, Personal Income, Motor Fuel, Sales or Use, Withholding, and Other

Year(s) and Period(s) section with options for All Tax Periods, Tax Year or Period(s) Only, Range of Tax, and Date of Death

Removal of Power section with checkboxes for All other powers of attorney on file and By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked

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 (____)____-____

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. No digital signatures allowed.

Printed Name of Representative Sue Larocca	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 checked="" type="checkbox"/> 8	Title (if applicable) VP of Tax and Payroll Operation	
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)	

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](mailto:businesstaxregister@dor.mo.gov)

(Personal Tax)  
Taxation Division  
P.O. Box 2200  
Jefferson City, MO 65105-2200  
Phone: (573) 751-3505  
Fax: (573) 751-2195  
E-mail: [income@dor.mo.gov](mailto: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](mailto: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](mailto:excise@dor.mo.gov)

Form 2827 (Revised 04-2018)



Visit <http://dor.mo.gov/> for additional information.



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