

Power of Attorney and Declaration of Representation Central Collection Unit

OFFICIAL USE ONLY

▲ Personal information

Your first name, M.I., Last name for individual or Business name for business

Spouses first name, M.I., Last name for individual

Your SSN or EIN for business Spouse's SSN Your daytime phone number

Home address (number and street) or business address Apartment number

City State Zip code

hereby appoint(s) the following representative(s) as attorney(s)–in–fact:

▲ Representative(s) *This Power of Attorney will not be valid unless the Representative(s) complete the Declaration of Representative, sign and date this form on page 2.*

Name and address	EIN/SSN	<input style="width: 95%;" type="text"/>
	Telephone No.	<input style="width: 95%;" type="text"/>
	Fax No.	<input style="width: 95%;" type="text"/>
	E-mail address	<input style="width: 95%;" type="text"/>
Name and address	EIN/SSN	<input style="width: 95%;" type="text"/>
	Telephone No.	<input style="width: 95%;" type="text"/>
	Fax No.	<input style="width: 95%;" type="text"/>
	E-mail address	<input style="width: 95%;" type="text"/>

▲ Delinquent Debt Matters

	District Agency	Years

▲ Acts authorized The representatives are authorized to represent the debtor before the Central Collection Unit for the matters listed above, to receive and inspect confidential information and to perform any and all acts that I (we) can perform (for example, the authority to sign any agreements, or other documents).

▲ Notices and communications Original notices and other written communications will be sent to you and a copy to the first representative listed unless you check the oval below.

If you do not want any notices or communications sent to your first representative, check here:

Debtor's SSN or FEIN

Debtor's Name

▲ **Retention/revocation of prior power(s) of attorney** By filing this power of attorney form, you automatically revoke all earlier power(s) of attorney on file with the Central Collection Unit for the same matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here:

You must attach a copy of any Power of Attorney you want to remain in effect.

▲ **Signature of Debtor(s)** If this is a joint debt, **both** parties must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, or trustee on behalf of the debtor, I certify that I have the authority to execute this form on behalf of the debtor. If other than the debtor, print the name here and sign below.

▲ Your signature

Date

Title *if other than individual*

Spouse's signature if filing jointly

Date

Telephone number *if other than the debtor*

If not signed and dated, this power of attorney will be returned

▲ **Declaration of Representative** *Representative(s) must complete this section and sign below.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice;
- I am aware of regulations provided in DC Official Code Section 47-4106;

- I am authorized to represent in the District of Columbia, the debtor(s) identified for the matter(s) specified herein; and I am one of the following:
 - a A member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b A bona fide officer of the taxpayer's organization.
 - c A full-time employee of the **debtor**, trust, receivership, guardian or estate.
 - d A member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).

e Other

▲ Designation-Inset above letter	Jurisdiction (state)	Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If this declaration is not signed and dated, this power of attorney will be returned