



**Tennessee Department of Revenue  
 Vehicle Services Division  
 Motor Carrier Section  
 44 Vantage Way, Suite 160  
 Nashville, Tennessee 37243-8050**

**POWER OF ATTORNEY**

**PART 1** Power of Attorney (Please type or print.)

**1. Taxpayer Information** (Taxpayer must sign and date this form on line 6.)

Taxpayer name and address	Account number(s)
	Daytime telephone number (    )

hereby appoints the following representative as attorney-in-fact:

**2. Representative** (Representative must sign and date this form on page 2, Part II.)

Name and address	Telephone No. (    ) _____
	Fax No. (    ) _____

to represent the taxpayer before the Tennessee Department of Revenue for the following tax matters:

**3. Tax Matters**

Type of Tax (Sales and Use, Franchise, Excise, etc.)	Year(s) or Period(s)

**4. Acts Authorized.** --The representative is authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents, or other documents. The authority does not include the power to receive refund checks.

**5. Notices and Communication.** --Notices and other written communications will be sent to the first representative listed in line 2.

**6. Signature of Taxpayer.**- If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Title (if applicable)**

\_\_\_\_\_  
**Print Name**

**PART II Declaration of Representative**

**Under penalties of perjury, I declare that:**

- I am authorized to represent the taxpayer(s) identified in Part 1 for the tax matter(s) specified there; and
- I am one of the following:
  - a. Attorney or Certified Public Accountant
  - b. Officer or full-time employee taxpayer organization
  - c. Other \_\_\_\_\_

➤ **If this declaration of representative is not signed and dated, the power of attorney will be returned.**

Designation -- Insert above letter (a-c)	Jurisdiction (state)	Signature	Date

Please mail this form to:  
Tennessee Department of Revenue  
Vehicle Services Division  
Motor Carrier Section  
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