



STATE OF MAINE
MAINE REVENUE SERVICES
24 STATE HOUSE STATION
AUGUSTA, MAINE 04333-0024

LIMITED POWER OF ATTORNEY FORM

Please read, fill out, and sign this form if you wish to appoint an attorney-in-fact (“AIF”). Your tax record information kept by MRS is confidential by law. This includes all returns and filings made by you. This form allows MRS to discuss your tax record information with your AIF. Your tax records are all your tax information on file with MRS.

I understand that my tax records are confidential under State law.

I authorize my named AIF to discuss information in my tax records with MRS.

I authorize MRS to discuss information in my tax records with my named AIF.

Name of AIF (print): _____

Address of AIF: _____

Ph. Number : _____

Tax Type: _____ Tax Period: _____

Name of Taxpayer (print): _____

Date of Birth: _____

Social Security Number/Tax ID Number : _____

Address of Taxpayer : _____

Ph. Number : _____

Taxpayer Signature, Title

Date

NOTICE: This form does NOT revoke other power of attorney forms on file with MRS.