



**Acknowledgment Of Individual Taxpayer**

STATE OF ALABAMA }  
COUNTY OF \_\_\_\_\_ }

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing, and who is known to me, acknowledged before me on this day that, being informed of the contents of the above and foregoing, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal of office this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My commission expires: \_\_\_\_\_

**Acknowledgment Of Corporate Taxpayer**

STATE OF ALABAMA }  
COUNTY OF \_\_\_\_\_ }

I, a Notary Public, in and for said County and State, hereby certify that \_\_\_\_\_, whose name is signed as \_\_\_\_\_ of \_\_\_\_\_, a \_\_\_\_\_, and who are known to me, acknowledged before me on this day that, being informed of the contents of the above and foregoing, he/she executed the same voluntarily and with full authority on the day the same bears date.

Given under my hand and official seal this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public

My commission expires: \_\_\_\_\_

**PART II - DECLARATION OF REPRESENTATIVE**

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am unaware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accounts, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer identified in Part I for the tax matter(s) specified there; and I am one of the following:
  - a. Attorney - a member in good standing of the bar in the highest court of the jurisdiction shown below
  - b. Certified Public Accountant - duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - c. Enrolled Agent - enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - d. Officer - a bona fide officer of the taxpayer's organization
  - e. Full-Time Employee- a full-time employee of the taxpayer
  - f. Family Member - a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister)
  - g. Enrolled Actuary- enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 2300
  - h. Unenrolled Return Preparer - an unenrolled return preparer under section 10.7(1)(vii) of Treasury Department Circular No. 230
  - i. Registered Tax Return Preparer- registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return.

**See Notice 2011-6 and Special rules for registered tax return prepares and unenrolled and return prepares in the Instructions.**

- j. Student Attorney or CPA- receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements. Enrolled Retirement Plan Agent - enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e).

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "jurisdiction" column.

DESIGNATION – INSERT ABOVE LETTER (a-k)	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Acknowledgment For Representative**

STATE OF ALABAMA }

COUNTY OF \_\_\_\_\_ }

I, the undersigned, a Notary Public in and for said County in said State, hereby certify that \_\_\_\_\_, whose name is signed to the foregoing, and who is known to me, acknowledged before me on this day that, being informed of the contents of the above and foregoing, he/she executed the same voluntarily on the day the same bears date.

Given under my hand and official seal of office this \_\_\_\_\_day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

**Notary Public**

**My commission expires:** \_\_\_\_\_