

**POWER OF ATTORNEY**

**INSTRUCTIONS**

<b>IMPORTANT</b>	All applicable items <u>must be filled in</u> to properly complete Form DP-2848 NH Power of Attorney. An incomplete form will prohibit direct correspondence between the department and the appointee.
<b>NEED HELP</b>	Any questions regarding completion of Form DP-2848 Power of Attorney should be directed to: NH DEPT OF REVENUE ADMINISTRATION AUDIT DIVISION PO BOX 457 CONCORD NH 03302-0457 Telephone: (603) 271-3400.
<b>SECTION 1</b>	Enter the taxpayer's name, address including ZIP code, and federal identification number or social security number, if appropriate.
<b>SECTION 2</b>	Enter the name, address including ZIP code, and telephone number of the appointee. If the name of a firm is indicated, then the department will be authorized to correspond directly with anyone in that firm. If an individual is indicated, the department will be authorized to correspond directly with that individual only.
<b>SECTION 3</b>	A brief description or listing of the returns and/or tax matters at issue. Example: 1994 and 1995 NH Corporation Business Tax Returns, 1996 NH Interest & Dividends Tax Return, or All NH tax matters, etc.
<b>SECTION 4</b>	One of the two boxes <u>MUST BE CHECKED</u> .
<b>SECTION 5</b>	This Power of Attorney form will revoke all prior power of attorney authorizations relating to the specific tax matters referenced in section 3 above, unless prior appointees are excepted here.
<b>SECTION 6 PART A</b>	Signature of the taxpayer, in ink, title, and date.
<b>SECTION 6 PART B</b>	If the appointee is someone <u>other than a CPA, an attorney, or the preparer of the subject tax returns</u> , the form needs to be signed in ink and dated by two witnesses.

<b>SECTION 1</b>	Name, address including ZIP code and identifying number of taxpayer(s):		
<b>SECTION 2</b>	I/We hereby appoint [name, address including ZIP code and telephone number of appointee(s)]:		
<b>SECTION 3</b>	As attorney(s)-in-fact to represent the taxpayer(s) before the Department of Revenue Administration of the State of New Hampshire with respect to:		
<b>SECTION 4</b>	<input type="checkbox"/> Said attorney(s)-in-fact shall, subject to revocation, have authority to receive confidential information and full power to perform on behalf of the taxpayer(s) all acts necessary with respect to above tax matters. <input type="checkbox"/> Said attorney(s)-in-fact shall, subject to revocation, have authority to receive or inspect confidential tax information only.		
<b>SECTION 5</b>	This power of attorney revokes all prior powers of attorney relating to the above taxable period except:		
<b>SECTION 6, PART A</b>	SIGNATURE (IN INK) OF OR FOR THE TAXPAYER(S): If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer.		
	Signature(in ink)	Title	Date
<b>SECTION 6, PART B</b>	IF THE POWER OF ATTORNEY IS GRANTED TO A PERSON OTHER THAN AN ATTORNEY, CERTIFIED PUBLIC ACCOUNTANT OR THE PREPARER OF SUBJECT TAX RETURN(S),IT MUST BE WITNESSED BELOW. The person signing as or for the taxpayer(s) is known to and signed (in ink) in the presence of the two disinterested witnesses whose signatures appear here:		
	Witness Signature(in ink)	Date	Witness Signature(in Ink) Date