

# POWER OF ATTORNEY AND DECLARATION OF REPRESENTATION

State of Rhode Island and Providence Plantations  
Department of Revenue, Central Collections Unit  
One Capitol Hill, Providence, RI 02908

OFFICIAL USE ONLY

### ► Personal information

First name or Business name	M.I.	Last name	SSN or Business EIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Spouse's first name	M.I.	Last name	SSN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home or Business address (number and street)			Apt. number
<input type="text"/>			<input type="text"/>
City	State	Zip code	Daytime Phone No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.*

<input type="text"/>	EIN/SSN ►	<input type="text"/>
	Telephone No. ►	<input type="text"/>
	Fax No. ►	<input type="text"/>
	Email address ►	<input type="text"/>
<input type="text"/>	EIN/SSN ►	<input type="text"/>
	Telephone No. ►	<input type="text"/>
	Fax No. ►	<input type="text"/>
	Email address ►	<input type="text"/>

### ► Delinquent Debt Matters

	State Agency	Years
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

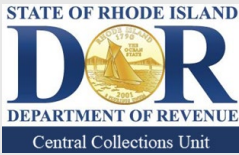
### ► Acts authorized (you are required to complete this section)

The representatives are authorized to represent the debtor before the R.I. Central Collections 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:



**POWER OF ATTORNEY AND  
DECLARATION OF REPRESENTATION**

State of Rhode Island and Providence Plantations  
Department of Revenue, Central Collections Unit  
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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 R.I. Central Collections Unit for the same matters and years or periods covered by this document.

If you do not want any notices or communications sent to your first representative, 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*

Your Signature

Date

Title *if other than individual*

► **IF NOT COMPLETED, SIGNED, AND DATED, THE CCU WILL RETURN THIS POWER OF ATTORNEY TO THE DEBTOR.**

► 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 authorized to represent in the State of Rhode Island, 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 Rhode Island Bar.
- b A full-time employee of the **debtor**, trust, receivership, guardian or estate.
- c A member of the debtor's immediate family (i.e., Spouse, Parent, Child, Brother, or Sister). Please Specify.
- d Other (Must Specify).

► Designation-Inset above letter

Jurisdiction (state)

Signature

Date

► **IF THIS DECLARATION IS NOT COMPLETED, SIGNED, AND DATED, THE CCU WILL RETURN THIS POWER OF ATTORNEY TO THE DEBTOR.**