Wisconsin Department of Revenue

Power of Attorney

(Please print or type)

Form A-222

Part 1 – Taxpayer Information							
Taxpayer's last name or business name		Taxpayer's first name		ID number			
Spouse's last name		Spouse's first name		Spouse's ID number			
Current address				Daytime telephone number			
				() -			
City	State	Zip code	Email address (optional)	1,			
Part 2 – Representative(s)							
If an individual(s) name is provided, authority is lin an individual, authority is granted to employees of			. If a business name	is provided without specifying			
Check only one (see instructions):							
Add - appoints a new or additional representation	ive	Revoke	- ends the representa	tive named below			
Business legal name				Telephone number			
				() -			
Individual's last name		Individual's first name		Telephone number			
Individual's last name		Individual's first name		() -			
Individual s last name		Individual's first name		Telephone number			
Mailing address				Fax number			
				() -			
City	State	Zip code	Email address				
If revoking a representative, skip Part 3 and sign ar	nd date t	the form.					
Part 3 – Authority Granted							
I grant full authority to the representative(s) respect to matters before the department that th tax information. Note: If granting full authority,	ne taxpa	yer(s) can and ma	y perform, including re				



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Taxpayer Name		IC) Number
Part 3 – Authority Granted (cor	ntinued)		
representative(s) named above	e has authority to perform an	neck only items below for which y ny act, with respect to the items che nfidential Wisconsin tax informatio	ecked below, that the taxpayer(s)
Limited Authority	Period(s) (optional)	Limited Authority	Period(s) (optional)
☐ Income or Franchise Taxes ☐ Sales and Use Taxes ☐ Excise Taxes ☐ Property Taxes		 Employer Withholding Tax Pass-Through Withholding Taxes Nontax Debt Other (describe below) 	
Part 4 – Signature of Taxpayer	(s)		
I understand that the execution of reporting and paying taxes, or fro law. I understand a photocopy, fax	m the penalties, fees, or int	erest for failure to do so, all as p	rovided for under Wisconsin tax

If signed by a corporate officer, general partner, managing member, 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	Title	Date
Signature	Title	Date

Note: All notices that are automatically generated by the department's computer system will be sent only to the taxpayer. If the representative needs copies of these notices, the representative must request a copy each time a notice is issued if it cannot be accessed in My Tax Account as an approved third party.

