APPOINTMENT OF TAXPAYER REPRESENTATIVE

(Type or Print)

1. Taxpayer Information

If the matter(s) for which you are preparing this appointment involves a joint gross income tax return and the representative(s) is/are being appointed to represent both spouses, you must enter the information for both.

If the taxpayer is a trust or estate, you must enter its name, employer identification number (EIN), and the name and address of the trustee, executor, or administrator, as applicable.

Taxpayer is:

□ Individual □ Corporation □ Partnership	Sole Proprietorship	□ Estate □ Limited Liability Company
□ Trust (other than a business trust)	Other:	

Taxpayer's Name	Social Security Number
Spouse's/CU Partner's Name	Social Security Number
Mailing Address	NJ Taxpayer ID number (if other than SS#)
City	Name and Address of Trustee or Executor
State Zip	

2. Representative Information

In order to accept this appointment, the named representative(s) must sign and date where indicated in Section 8 on page 2. If the representative being appointed is a tax practitioner, the representative must enter his/her preparer tax identification number (PTIN) as the Representative ID. Representatives who do not have a PTIN must enter their social security number.

The taxpayer(s) named in Section 1 above appoints the person(s) named below as his/her/their taxpayer representative to represent them in connection with the tax matter(s) listed in Section 3.

Name and Address Carolyn Lynch, EA 3288 Delsea Dr., Suite E, Franklinville, NJ 08322	Telephone Number: (856) 512-2058 Fax Number: (856) 512-2061 Representative ID: P00660381	
Name and Address	Telephone Number: Fax Number: Representative ID:	

3. Tax Matters

I/We appoint the representative(s) named in Section 2 above for represent me/us for:

Type of Tax (NJ Gross Income, Sales and Use, Corporate Business, Employment, etc.)	Years(s) & Period(s)

4. Acts Authorized. The representative(s) is/are authorized to receive and inspect confidential tax records and is/are granted full power to act with respect to the tax matters described in Section 3 above, and to do and perform all such acts as I/we could do or perform. The authority granted by this appointment does not include the power to endorse a refund check.

☐ If you want the representative(s) to have limited power, provide an explanation on the lines below and mark an X in this box. You may attach additional information as well.

5. Notices and Communications. The Division will send original notices and other written communications to you and a copy (other than automated computer notices) to the first representative listed in Section 2 unless you check one or more of the boxes below.

- □ I/We do not want the Division to send any notices or communications to my representative(s)
- □ I/We want the Division to send a copy of notices and/or communications (other than automated computer notices) to both representatives listed in Section 2.

6. Retention/Revocation of Prior Appointment(s) or Power(s). Unless you check the box below, the filing of this Appointment of Taxpayer Representative automatically revokes all earlier Appointment(s) of Taxpayer Representative and/or Power(s) of Attorney on file with the Division of Taxation for the tax matters and years or periods listed in Section 3.

□ I/We do not want to revoke any prior Appointment(s) of Taxpayer Representative and/or Power(s) of Attorney.

If you check the above box, you must attach copies of the previous Appointment(s) and/or Power(s) that you do not want to revoke.

7. Signature of Taxpayer(s). If the tax matters covered by this appointment concern a joint gross income tax return and the representative(s) is/are being appointed to represent both spouses/CU partners, both must sign below.

If a corporate officer, partner, guardian, tax matter partner, executor, administrator, or trustee signs the appointment on behalf of the taxpayer, the signature below certifies that they have the authority to execute this form on behalf of the taxpayer(s).

THIS APPOINTMENT OF TAXPAYER REPRESENTATIVE IS VOID IF NOT SIGNED AND DATED

Taxpayer Signature	Date	Title (if applicable)
Print Name		
Taxpayer Signature	Date	Title (if applicable)
Print Name		

8. Acceptance of Representation and Signature

I/We hereby accept appointment as representatives(s) for taxpayer(s) who has/have executed this Appointment of Taxpayer Representative.

Representative Signature	Date	Title (if applicable)
Carolyn Lynch, EA		
Print Name		
Representative Signature	Date	Title (if applicable)
Print Name		