

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		