



Power of Attorney

Taxpayer(s) name, relationship to decedent, and address including ZIP code (Please type or print)

hereby appoints (name(s), address(es), including ZIP code(s), and telephone number(s) of individual(s))

as attorney(s)-in-fact to represent the taxpayer(s) before the Inheritance Tax Division of the Indiana Department of Revenue in all tax matters concerning the estate of _____ who died a resident of _____ County in the State of _____. The estate was opened in the _____ Court under Cause Number _____. The decedent's date of death is _____.

The attorney(s)-in-fact (or either of them) are authorized, subject to revocation, to receive confidential information and to perform any and all acts that the principal(s) can perform with respect to the above specified tax matters (excluding the power to receive refund checks, and the power to sign the return, unless specifically granted below).

Send copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above tax matters to:

- 1. the appointee first named above, or
- 2. (names of not more than two of the above named appointees) _____

Initial here ➤ _____ if you are granting the power to receive, but not to endorse or cash, refund checks for the above tax matters to:

- 3. the appointee first named above, or
- 4. (name of one of the above designated appointees) ➤ _____

This power of attorney revokes all earlier powers of attorney and tax information authorizations on file with the Inheritance Tax Division of the Indiana Department of Revenue for the same tax matters covered by this power of attorney, except the following:

(Specify to whom granted, date and address including ZIP code or refer to attached copies of earlier powers and authorizations.)

Signature of or for taxpayer(s)

(If signed by a 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, if applicable)	_____ (Date)
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(Also type or print your name below if signing for a taxpayer who is not an individual.)

_____ (Signature)	_____ (Title, if applicable)	_____ (Date)
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