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New Hampshire
Department of
Revenue Administration

DP-2848

DP28482511862

POWER OF ATTORNEY (POA)

SECTION 1- TAXPAYER INFORMATION

Name of Taxpayer (Must match the tax return)

Taxpayer Identification Number

Name of Spouse (If filing jointly)

Taxpayer Identification Number

Number & Street Address

Department Issued License Number

City / Town | State | Zip Code + 4 (or Canadian Postal Code)

SECTION 2- REPRESENTATIVE(S): I/We hereby appoint the following representative(s) as attorney(s)-in-fact:

Name of Representative | Telephone Number

Number & Street Address | City / Town | State | Zip Code + 4 (or Canadian Postal Code)

Name of Representative | Telephone Number

Number & Street Address | City / Town | State | Zip Code + 4 (or Canadian Postal Code)

Name of Representative | Telephone Number

Number & Street Address | City / Town | State | Zip Code + 4 (or Canadian Postal Code)

SECTION 3 - ACTS AUTHORIZED (Must be filled out): Said attorney(s)-in-fact is authorized to represent the taxpayer(s) before the Department of Revenue Administration concerning **all tax matters** for the tax periods and tax types indicated below, except as otherwise indicated on Line (c) below:

Line (a): ☐ All tax periods **or** ☐ the following tax period(s): _____

Line (b): ☐ All tax types **or** only the following (check all that apply): ☐ Business Taxes ☐ Interest and Dividends Tax

☐ Meals and Rentals Tax ☐ Real Estate Transfer Tax ☐ Other _____

Line (c): If applicable, please describe any other limitations you wish to set on the above authorization:

Line (d): This power of attorney shall **not** revoke any prior powers of attorney you have authorized before the Department.
To revoke all prior powers of attorney, check this box ☐.

SECTION 4 - SIGNATURE(S)

If signed by a corporate officer or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney.

Taxpayer Signature | Print Signatory Name & Title | Today's Date (MMDDYYYY)

Spouse Signature (If applicable) | Print Signatory Name & Title | Today's Date (MMDDYYYY)

FILE ONLINE AT GRANITE TAX CONNECT GTC.REVENUE.NH.GOV/TAP or
mail to NH DRA, PO Box 637, Concord, NH 03302-0637