

Form PAR 101
Virginia Power of Attorney and
Declaration of Representative

Virginia Tax
P. O. Box 1115
Richmond, VA 23218-1115
Individual fax: (804) 254-6113
Business fax: (804) 254-6111

This is a legal document.

If this Form PAR 101, Power of Attorney and Declaration of Representative is not signed and dated, lacks complete information, or is illegible, it will be denied.

Asterisks denote required fields. Read the instructions carefully before completing this form.

1. Taxpayer Information			
Taxpayer Name (Individual, Business, or Fiduciary)*		SSN, ITIN, or FEIN*	
Spouse Name (For joint representation only. See instructions.)		Spouse SSN or ITIN	
Address*		Daytime Telephone Number ()	
Address		Alternative Telephone Number ()	
City*	State*	ZIP Code*	Email Address
2. Maintain or Revoke Prior Authorization			
<input type="checkbox"/> Maintain authorization for the agent listed below. This form automatically revokes all earlier powers of attorney on file with Virginia Tax for the same tax matters covered by this form.			
(Specify agent name, address, ZIP Code, and date granted. Attach copy of the power of attorney form.)			
<input type="checkbox"/> Revoke prior authorization(s). To revoke a prior power of attorney without naming another representative, send a copy of the power of attorney form to Virginia Tax at the address above and write "REVOKE" across the top. If you do not have a copy of the power of attorney form, provide the agent's name, address, ZIP Code, and date granted:			
<hr/>			
3. Tax Matters – Taxable years or periods may not extend more than 3 years into the future. You must designate at least one tax type and taxable year period.*			
Annual Income Taxes Only – Individual, Corporate, Pass-through Entity, Fiduciary, or Estate Tax Type			
Tax Type	Taxable Years Do Not Enter "All Years" – Must be Specific		
Business, Excise, Commodity, and Other Taxes			
Tax Type	15-Character Virginia Tax Account Number REQUIRED: See Instructions	Do Not Enter "All Periods" – Must be Specific	
		Beginning Period (MM/YYYY)	Ending Period (MM/YYYY)
Withholding			
VEC			

4. Authorized Agent /Representative Information. Additional representatives should be listed on an attached list and may not receive copies of correspondence.

Primary Representative – Must be a person; cannot be a business			<p align="center">Automatic Correspondence An Authorized Agent will automatically be mailed copies of correspondence regarding the tax matters.</p> <p align="center">Authorized Agent Number A - _____</p> <input type="checkbox"/> Do NOT mail copies of any correspondence to agent. <input type="checkbox"/> Mail copies of email communications to agent.	
First Name*	Last Name*			
Ryan	Walsh			
Address				
205 S Academy St. #4012				
Address				
City	State	ZIP Code		
Cary	NC	27519		
Daytime Telephone Number		Fax Number		Email Address
(919) 772-0080		(919) 720-4872		
Additional Representative – Must be a person; cannot be a business			<p align="center">Automatic Correspondence An Authorized Agent will automatically be mailed copies of correspondence regarding the tax matters.</p> <p align="center">Authorized Agent Number A - _____</p> <input type="checkbox"/> Do NOT mail copies of any correspondence to agent. <input type="checkbox"/> Mail copies of email communications to agent.	
First Name		Last Name		
Address				
Address				
City	State	ZIP Code		
Daytime Telephone Number		Fax Number		Email Address
()		()		

5. Signature of Taxpayer(s) and Acknowledgment of Authorized Acts

By signing this form, I am granting the representative(s) listed in Section 4 the authority to:

- Receive and inspect my confidential tax information for the tax matters listed in Section 3,
- Perform all acts that I can perform with respect to the specified tax matters, and
- Represent me before Virginia Tax, including consenting to extend the time to assess tax and executing consents that agree to a tax adjustment.
- In addition, I understand that the acts of my Authorized Agent may increase or decrease my tax liabilities and legal rights.


The authority does not, however, include the power to receive refund checks, substitute another representative, request a copy of a tax return, sign certain returns, or consent to a disclosure of tax information.

For joint representation, both the taxpayer and the spouse listed in Section 1 must sign and date this form. If this form is signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, they certify that they have the authority to execute this form on behalf of the taxpayer. This power of attorney will remain in effect until it is revoked by either the taxpayer or the agent.

Print Name*	Signature*	Title	Date*
Print Name	Signature	Title	Date

6. Representative Signature: Under penalties of perjury, I declare I am authorized to represent the taxpayer(s) listed in Section 1.

(A.) Attorney (B.) Certified Public Accountant (C.) Enrolled Agent (D.) Family member or Other (provide relationship below):
 Relationship: Reporting Agent

Representative	Designation Letter from Above List	Print Name *	Representative Signature*	Date*
Primary	D	Ryan J. Walsh		
Additional				