

AUTHORIZATION FOR ELECTRONIC TRANSMISSION OF DATA

NAME OF TAXPAYER(S)	TAXPAYER'S E-MAIL ADDRESS
TAXPAYER'S ACCOUNT NO.	CASE IDENTIFICATION NUMBER <i>(if applicable)</i>
TAXPAYER'S REPRESENTATIVE	TAXPAYER'S REPRESENTATIVE'S E-MAIL ADDRESS

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By signing, you acknowledge the following statement with respect to the account noted above:

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SIGNED BY* <i>(taxpayer, corporate officer or representative with a power of attorney)</i>	DATE SIGNED
PRINT NAME OF SIGNATORY	CONTACT PERSON <i>(if other than signatory)</i>
TITLE OR POSITION	TELEPHONE NUMBER ()
TITLE OR POSITION OF CONTACT PERSON	TELEPHONE NUMBER ()

**Signatory, if not a corporate officer, partner or owner, certifies under penalty of perjury that he or she holds a power of attorney to execute this document.*