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Form **2827**

Missouri Department of Revenue
Power of Attorney

Department Use Only (MM/DD/YY)

Taxpayer Missouri Tax I.D. Number

Taxpayer Federal Employer I.D. Number

Taxpayer Social Security Number

14504010001

All appointed representatives must sign on reverse side of this form.

Taxpayer's Name or Business Name			
Spouse's Name or if a dba, state the business name			Spouse's Social Security Number
Street Address			Missouri Charter Number
City	State	Zip Code	Telephone Number (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___
E-mail Address			

Representative(s)

Name of Appointed Representative: Ian M Gewin	Address: Blue Skies Home Care LLC, 16944 CR 3082, Cosby MO 64436
Telephone Number: (816) 662-2583	E-mail Address
Name of Appointed Representative: Shawnna Kroeger	Address: Blue Skies Home Care LLC, 16944 CR 3082, Cosby MO 64436
Telephone Number: (816) 883-8732	E-mail Address
Name of Appointed Representative	Address
Telephone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	E-mail Address
Name of Appointed Representative	Address
Telephone Number: (___ ___ ___) ___ ___ ___ - ___ ___ ___ ___	E-mail Address

Tax Type(s)

- ☐ Cigarette or Other Tobacco Products
- ☐ Corporation Income and Corporation Franchise
- ☐ Personal Income
- ☐ Motor Fuel
- ☐ Sales or Use
- ☒ Withholding
- ☐ Other _____

Year(s) and Period(s)

Only select one of the following:

- ☐ All Tax Periods
- ☒ Tax Year or Period(s) Only until revoked
- ☒ Range of Tax
- ☐ Date of Death (if estate tax) ___ ___ / ___ ___ / ___ ___ ___ ___

Tax Period Beginning ___ ___ / ___ ___ / ___ ___ ___ ___ to Tax Period Ending ___ ___ / ___ ___ / ___ ___ ___ ___

Removal of Power

- ☒ All other powers of attorney on file with the Department shall remain in effect, or
- ☐ By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked, except the following: (specify to whom the power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.) Attach additional forms if needed.

_____

_____

Signature

Under penalties of perjury, I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Taxpayer Telephone Number (__ __ __)__ __ __-__ __ __ __
Name	Title (if applicable)	
Signature	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __	Taxpayer Telephone Number (__ __ __)__ __ __-__ __ __ __

Declaration of Representative(s)

Please consult Missouri Regulation **12 CSR 10-41.030** for any questions about who may serve as an attorney(s)-in-fact and what additional documentation may be required.

I declare that I am aware of Regulation **12 CSR 10-41.030** and that I am authorized to represent the taxpayers identified above for the tax matters there specified and that I am one of the following:

1. a member in good standing of the bar;
2. a certified public accountant duly qualified to practice;
3. an officer of the taxpayer organization;
4. a full-time employee of the taxpayer;
5. a fiduciary for the taxpayer;
6. an enrolled agent;
7. tax preparer, or
8. other authorized representative or agent

Note: All appointed representatives must sign below. No digital signatures allowed.

Printed Name of Representative Ian M Gewin	Signature of Representative	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Designation (Please select number from list above) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8	Title (if applicable) Administrator/Owner	
Printed Name of Representative Shawnna Kroeger	Signature of Representative	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Designation (Please select number from list above) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☒ 5 ☐ 6 ☐ 7 ☐ 8	Title (if applicable) Chief Financial Officer	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Designation (Please select number from list above) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Title (if applicable)	
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY) __ __ / __ __ / __ __ __ __
Designation (Please select number from list above) ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8	Title (if applicable)	

Mail to:

(Business Tax)
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

(Personal Tax)
Taxation Division
P.O. Box 2200
Jefferson City, MO 65105-2200
Phone: (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov

(Motor Fuel Tax)
Taxation Division
P.O. Box 300
Jefferson City, MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

(Cigarette or Other Tobacco Products Tax)
Taxation Division
P.O. Box 811
Jefferson City, MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

Visit **http://dor.mo.gov/** for additional information.

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