

Power of Attorney

(Please print or type)

Wisconsin Department
of Revenue

Form

A-222

Part 1 – Taxpayer Information

Last name or business name		First name		ID number
Spouse's last name		Spouse's first name		Spouse's ID number
Current address				Daytime phone number () -
City	State	Zip code	Email address (optional)	

Part 2 – Representative(s)

Describe action (check one)

Appointing a new or additional representative

Revoking authority of the representative named below
(Complete Parts 3A or 3B)

Part 3 – Representative is an Entity or Individual (check one)

Check here if you want to grant authority to an entire entity or firm and complete Part 3A ONLY.

Check here if you want to grant authority to a specific individual(s) and complete Part 3B ONLY.

Part 3A – Entity or Firm

Entity's legal name		Phone number () -	
Contact's last name	Contact's first name		
Email address		Fax number () -	
Mailing address			Apt. no.
City	State	Zip code	

Part 3B – Individual

Individual's last name		Individual's first name	
Email address		Phone number () -	
Mailing address			Apt. no.
City	State	Zip code	



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Taxpayer Name	ID Number
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Part 3B – Continued

Individual's last name	Individual's first name	
Email address	Phone number () -	
Mailing address	Apt. no.	
City	State	Zip code

If revoking a representative's authority, skip Part 4 and sign and date the form.

Part 4 – Full or Limited Authority (check one)

I grant full authority to the representative(s) - The representative(s) named above has full authority to perform any act with respect to matters before the department that the taxpayer(s) can and may perform, including receiving confidential Wisconsin tax information. **Note:** If granting full authority, do not check any boxes below.

I grant limited authority to the representative(s) - (check only items below for which you are granting authority.) The representative(s) named above has authority to perform any act, with respect to the items checked below, that the taxpayer(s) can and may perform, including the authority to receive confidential Wisconsin tax information.

Authority	Period(s) (optional)	Authority	Period(s) (optional)
<input type="checkbox"/> Income or Franchise Taxes	_____	<input type="checkbox"/> Employer Withholding Taxes	_____
<input type="checkbox"/> Sales and Use Taxes	_____	<input type="checkbox"/> Pass-Through Withholding Taxes	_____
<input type="checkbox"/> Excise Taxes	_____	<input type="checkbox"/> Nontax Debt	_____
<input type="checkbox"/> Property Taxes	_____	<input type="checkbox"/> Other (describe below)	_____

Part 5 – Signature of Taxpayer(s)

I understand that the execution of this Power of Attorney does not relieve me of personal responsibility for reporting and paying taxes correctly and timely, or from the penalties, fees, or interest for failure to do so, all as provided for under Wisconsin tax law. I understand a photocopy, faxed copy, and/or electronic copy of this form has the same authority as the signed original.

If signed by a corporate officer, general partner, managing member, or 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	Date
Signature	Title	Date

Note: All notices that are automatically generated by the department's computer system (e.g. Notice of Amount Due or Notice of Refund/Offset) will be sent only to the taxpayer. Representatives may access copies of most notices through My Tax Account, if the taxpayer authorizes online access to the representative. If the representative does not have access through My Tax Account, they must request copies from the department employee they are working with, or request copies of taxpayer records at <https://www.revenue.wi.gov/Pages/FAQS/ise-request.aspx>.

