



North Carolina Department of Revenue
POWER OF ATTORNEY
For BANKRUPTCY MATTERS

I,
(Taxpayer(s) Name)

do hereby make, constitute and appoint,

(Attorney Name)

my true and lawful attorney in fact to represent and obtain tax information from the

North Carolina Department of Revenue, in connection with debt counseling and any pending, prospective, or potential bankruptcy filings.

TAXPAYER Signature (Single Filer)

TAXPAYER Signature (Joint Filer/Spouse)

Taxpayer ID Number

Taxpayer ID Number

Date

Date

** If joint bankruptcy is filed, signatures of both husband and wife are required**

INFORMATION REQUESTED (Please check all that apply)

[] Acknowledgement of tax return(s) filed - (specify tax schedule & year)

Tax Schedule(s)

Tax years/periods

OR

[] Copy of tax return(s) - (specify tax schedule & year)

Tax Schedule(s)

Tax years/periods

[] Liability Currently Due

[] Other (Specify)

Taxpayer Information:

Taxpayer(s) Name:

Address:

Taxpayer ID Number:

Account Number if business:

Attorney Contact Information:

Contact Name:

Mailing Address:

Telephone Number:

Fax Number:

Mail or Fax Request To: NC Department of Revenue
Attn: Bankruptcy Unit
PO Box 1168
Raleigh, NC 27602-1168

Fax: (919) 715-0068