

ACCOUNTING OR REPORTING FIRM AUTHORIZATION FORM/RESPONSIBLE PARTY

South Dakota Department of Revenue
Division of Motor Vehicles
445 East Capitol Avenue
Pierre, South Dakota 57501-3185

PLEASE FILL OUT THIS FORM IF YOU HAVE AN ACCOUNTING FIRM OR REPORTING SERVICE
COMPILE YOUR APPLICATIONS AND RETURNS FOR YOU.

Licenses are required to file returns/application and pay taxes/fees as it is owed. They are also required to accept and respond to various types of official communications with the Department of Revenue.

If a licensee prefers an Accounting or Reporting firm to fulfill these responsibilities, this authorization form is to be completed. This is a privilege extended to the licensee which requires special handling by the department, therefore, such action will not be considered unless this form is properly completed and placed on file with the department. However, the completion of this form does not relieve the licensee of the legal obligations associated with a particular license. The licensee is ultimately responsible for the payment of the tax/fee as well as all acts and omissions of the stated Accounting or Reporting firm.

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENT, that the undersigned principal and licensee has made and appointed, and does hereby make and appoint (Firms Name)

_____ or agents or employees, with the offices at (Mailing Address) _____

_____ (Phone Number) _____
to act as Attorney-in-Fact for the undersigned, who makes this appointment either personally or in an authorized representative capacity on behalf of a principal partnership, corporation, or other entity; this power of attorney shall be limited to the following specific purposes involving the South Dakota license(s) indicated:

- To prepare, sign and file applications with the Department of Revenue.
- To prepare, sign and file with the Department of Revenue periodic tax returns or reports as required by South Dakota law.
- To collect refunds owed to the principal by the State of South Dakota.
- To take legal notice of all delinquencies, cancellation listings and official mailings prepared and sent by the Department of Revenue.
- To take legal notice of all tax rate/fee changes.
- To preserve all records required to be kept by the principal for the statutory period of time.
- To respond to communications when such responses are requested by the Department of Revenue.
- To take legal notice of all Notices of Intent to Audit.
- To present to officials of the Department of Revenue all records requested to be inspected.
- To cooperate and assist all officials of the Department of Revenue while they are conducting all audits.
- To take legal notice of all Certificates of Assessment.

This Power of Attorney shall be effective upon receipt thereof by the Department of Revenue and shall continue until cancelled by filing with the Department an instrument properly executed and reciting such cancellation.

IN WITNESS WHEREOF, the undersigned has caused these present to be executed, for benefit of the principal named below.

Please check the following licenses that you hold or are applying for:

Tax License(s)

- Biodiesel Producer
- Blender
- Bulk Plant Operator
- CNG Vendor
- Ethanol Broker
- Ethanol Producer
- Highway Contractor
- Importer/Exporter
- LPG User
- LPG Vendor
- Marketer
- Supplier
- Terminal Operator
- Transporter
- Tribal Marketer
- IFTA Account
- Prorate Account

Tax License(s) Numbers if Previously Assigned

Accounting or Reporting Firm By:

Company Name

Signature of Owner/Legal Rep./Title

Federal ID Number

Address-Mailing

City/State/Zip

Phone Number

State of _____)
: ss.
County of _____)

On this _____ day of _____, before the undersigned, a Notary Public for the State of
(month/year)

_____ personally appeared _____
known to be the person whose name is subscribed to the within instrument, and acknowledge to me that ___he
executed the same in capacity as shown.

IN WITNESS WHEREOF, I have set my hand and seal this _____ day of _____, this
certificate above written (month/year)

Principle and Licensee By:

Company Name

Signature of Owner/Legal Rep./Title

Federal ID Number

Address-Mailing

City/State/Zip

Phone Number

***Indicate your preference for mailing address for IFTA and/or IRP billings, licenses, and all other IFTA and/or IRP material:**
Reporting Service _____ Licensee _____
***Indicate your preference for mailing address for UCR**
Reporting Service _____ Licensee _____

Notary Public
My Commission Expires: _____