BOE-392 (FRONT) REV. 10 (4-21)

STATE OF CALIFORNIA BOARD OF EQUALIZATION

POWER OF ATTORNEY / GENERAL AUTHORIZATION

Ch	eck the appropriate Bo	ard division belov	v. Please n	ote that a separ	ate form must be c	completed and provi	ded to each	Board division checked.
	BOARD PROCEEDING PO BOX 942879, MIC:	ARD OF EQUALIZATION ARD PROCEEDINGS DIVISION BOX 942879, MIC: 80 CRAMENTO, CA 94279-0080 DOARD OF EQUALIZATION COUNTY-ASSESSED PROPERTIES DIVISION PO BOX 942879, MIC: 64 SACRAMENTO, CA 94279-0064						
TAXPAYER'S NAME			BUSINESS	OR CORPORATION N	IAME	TELEPHONE NUMBER	FA	X NUMBER
FEDERAL EMPLOYER IDENTIFICATION NUMBER					CALIFORNIA SECRETARY OF STATE NUMBER(S)			
BOARD OF EQUALIZATION ACCOUNT/APPEAL NUMBER					CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION ACCOUNT (if applicable)			
MAI	LING ADDRESS (number and s	treet, city, state, ZIP Coo	le)					
EMA	AIL ADDRESS							
	Individual Partnership			□ c	orporation	Limited Liability Company		
	Other							
tei	and BOE ereby appoint: [ent lephone number(s) ners, as the appointe	and fax numbe						
APPOINTEE NAME					APPOINTEE NAME			
APPOINTEE BUSINESS NAME (if applicable)					APPOINTEE BUSINESS NAME (if applicable)			
APPOINTEE ADDRESS (number and street)					APPOINTEE ADDRESS (number and street)			
(city)	(state)		(ZIP Code)	(city)	(sta	te)	(ZIP Code)
EMAIL ADDRESS					EMAIL ADDRESS			
TEL	EPHONE NUMBER	FAX NUI	MBER		TELEPHONE NUMBER		FAX NUMBER	
	attorney(s)-in-fact pecify type(s) of tax]	and/or author	zed repre	esentative(s)	of the taxpayer(s) for the followi	ng tax ma	tter(s):
☐ Property tax programs administered by BOE					☐ Tax on Insurers (jointly administered with CDTFA)			
☐ Alcoholic Beverage Tax (jointly administered with CDTFA)					Other:			
SPE	CIFY THE TAX YEAR(S) OR PR	ERIOD(S)						

(The back of this form must be completed)

PRINT NAME

receive confidential tax information, and to perform on behalf of the taxpayer(s) the following act(s) for the tax matter(s) described above: [check the box(es) for the power(s) granted] General authorization (including all acts described below). Specific authorization (selected acts described below). To confer and resolve any assessment, claim, or collection of a deficiency or other tax matter pending before the identified Board division and attend any meetings or hearings thereto for the specified matter(s) identified above. To receive, but not to endorse and collect, checks in payment of any refund of taxes, penalties, or interest. To execute petitions, claims for refund, and/or amendments thereto. To execute consents extending the statutory period for assessment or determination of taxes. To delegate authority or to substitute another representative. Other (specify): This power of attorney/general authorization revokes all earlier power(s) of attorney/general authorizations on file with the Board of Equalization as identified above for the same matters and years or periods covered by this form, except for the following: [specify to whom granted, date and address, or refer to attached copies of earlier power(s)] NAME DATE POWER OF ATTORNEY/GENERAL AUTHORIZATION GRANTED ADDRESS (number and street, city, state, ZIP Code) Unless limited, this power of attorney will remain in effect until the final resolution of all tax matters specified herein. (specify expiration date if limited term) TIME LIMIT/EXPIRATION DATE (for Board of Equalization purposes) Signature of taxpayer(s)—If a tax matter concerns a joint return, both spouses must sign if joint representation is requested. If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, registered domestic partner, administrator, or trustee on behalf of the taxpayer, by signing this power of attorney/general authorization, you are certifying that you have the authority to execute this form on behalf of the taxpayer. ► IF THIS POWER OF ATTORNEY/GENERAL AUTHORIZATION IS NOT SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL, IT WILL BE RETURNED AS INVALID. SIGNATURE TITLE (if applicable) DATE PRINT NAME TELEPHONE NUMBER SIGNATURE TITLE (if applicable) DATE

TELEPHONE NUMBER

The attorney(s)-in-fact and/or authorized representative(s) (or any of them) is/are authorized, subject to revocation, to