

Power of Attorney

(Please print or type)

Wisconsin Department
of Revenue

Form
A-222

Part 1 – Taxpayer Information

Last name or business name BYRNES		First name BONNIE		ID number 394-92-9466
Spouse's last name		Spouse's first name		Spouse's ID number
Current address 10698 LINX LAKE ROAD				Daytime phone number (423) 482-9737
City PRESQUE ISLE	State WI	Zip code 54557	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 COLLINS		Individual's first name DAVID	
Email address david@dctax.us		Phone number (423) 482-9737	
Mailing address 9301 OCOEE ST, #64			Apt. no.
City CHATTANOOGA		State TN	Zip code 37363



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Taxpayer Name BYRNES	ID Number 394-92-9466
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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)

- Income or Franchise Taxes _____
 Sales and Use Taxes _____
 Excise Taxes _____
 Property Taxes _____

Authority


Period(s) (optional)

- Employer Withholding Taxes _____
 Pass-Through Withholding Taxes _____
 Nontax Debt _____
 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 11/21/2024
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>.



Tamper Verification

To check if this file has been modified after being signed, please go to:

<https://www.encyro.com/esign/verify>

Upload the file. The result will indicate if the file contents have been tampered with.

Signed By

Signer: Bonnie Byrnes (bonnie@headwatersrealestate.com)

Identity Check: Email Authentication

Signature Type: Mouse or hand drawn

Time Zone: UTC-06:00, America/Chicago (Central Standard Time)

Event Log

Nov 6, 2024, 3:49:56 PM - Email notification sent to Bonnie Byrnes (bonnie@headwatersrealestate.com).

Nov 6, 2024, 3:50:06 PM - Email notification delivered to Bonnie Byrnes (bonnie@headwatersrealestate.com).

Nov 21, 2024, 4:43:04 PM - Bonnie Byrnes (bonnie@headwatersrealestate.com) opened the email notification (estimated), from 2605:59ca:1364:6510:8198:cf8e:a55f:d45d.

Nov 21, 2024, 4:43:07 PM - Bonnie Byrnes (bonnie@headwatersrealestate.com) viewed the document(s), from 129.222.46.161.

Nov 21, 2024, 4:43:25 PM - Bonnie Byrnes (bonnie@headwatersrealestate.com) electronically signed or completed the document(s), from 129.222.46.161.

END OF LOG