

Form PAR 101

Virginia Power of Attorney and Declaration of Representative

Virginia Tax
P. O. Box 1114
Richmond, VA 23218-1114
Fax: (804) 254-6115

This is a legal document.

If this Form PAR 101, Power of Attorney and Declaration of Representative is not signed and dated, lacks complete information, or is illegible, it will be denied.

Asterisks denote required fields. Read the instructions carefully before completing this form.

1. Taxpayer Information			
Taxpayer Name (Individual, Business, or Fiduciary)* Bouvier Ezell		SSN, ITIN, or FEIN* 226-15-9858	
Spouse Name (For joint representation only. See instructions.)		Spouse SSN or ITIN	
Address* 1803 Martin Luther King Jr Blvd		Daytime Telephone Number (423) 482-9737	
Address		Alternative Telephone Number ()	
City* Houma	State* LA	ZIP Code* 70360	Email Address david@dctax.us
2. Maintain or Revoke Prior Authorization			
<input type="checkbox"/> Maintain authorization for the agent listed below. This form automatically revokes all earlier powers of attorney on file with Virginia Tax for the same tax matters covered by this form.			
<hr/> (Specify agent name, address, ZIP Code, and date granted. Attach copy of the power of attorney form.)			
<input checked="" type="checkbox"/> Revoke prior authorization(s). To revoke a prior power of attorney without naming another representative, send a copy of the power of attorney form to Virginia Tax at the address above and write "REVOKE" across the top. If you do not have a copy of the power of attorney form, provide the agent's name, address, ZIP Code, and date granted:			
<hr/>			
3. Tax Matters – Taxable years or periods may not extend more than 3 years into the future. You must designate at least one tax type and taxable year period.*			
Annual Income Taxes Only – Individual, Corporate, Pass-through Entity, Fiduciary, or Estate Tax Type			
Tax Type	Taxable Years Do Not Enter "All Years" – Must be Specific		
Individual	2014 - 2027		
Business, Excise, Commodity, and Other Taxes			
Tax Type	15-Character Virginia Tax Account Number REQUIRED: See Instructions	Do Not Enter "All Periods" – Must be Specific	
		Beginning Period (MM/YYYY)	Ending Period (MM/YYYY)

4. Authorized Agent /Representative Information. Additional representatives should be listed on an attached list and may not receive copies of correspondence.

Primary Representative – Must be a person; cannot be a business			Automatic Correspondence An Authorized Agent will automatically be mailed copies of correspondence regarding the tax matters.	
First Name* David	Last Name* Collins		Authorized Agent Number A - 00150946-EA	
Address 9301 Ocoee St, 64				
Address			<input type="checkbox"/> Do NOT mail copies of any correspondence to agent.	
City Chattanooga	State TN	ZIP Code 37363	<input checked="" type="checkbox"/> Mail copies of email communications to agent.	
Daytime Telephone Number (423) 482-9737	Fax Number (423) 558-3274		Email Address david@dctax.us	
Additional Representative – Must be a person; cannot be a business			Automatic Correspondence An Authorized Agent will automatically be mailed copies of correspondence regarding the tax matters.	
First Name	Last Name		Authorized Agent Number A - _____	
Address				
Address			<input type="checkbox"/> Do NOT mail copies of any correspondence to agent.	
City	State	ZIP Code	<input type="checkbox"/> Mail copies of email communications to agent.	
Daytime Telephone Number () ()	Fax Number () ()		Email Address	


5. Signature of Taxpayer(s) and Acknowledgment of Authorized Acts

By signing this form, I am granting the representative(s) listed in Section 4 the authority to:

- Receive and inspect my confidential tax information for the tax matters listed in Section 3,
- Perform all acts that I can perform with respect to the specified tax matters, and
- Represent me before Virginia Tax, including consenting to extend the time to assess tax and executing consents that agree to a tax adjustment.
- In addition, I understand that the acts of my Authorized Agent may increase or decrease my tax liabilities and legal rights.


The authority does not, however, include the power to receive refund checks, substitute another representative, request a copy of a tax return, sign certain returns, or consent to a disclosure of tax information.

For joint representation, both the taxpayer and the spouse listed in Section 1 must sign and date this form. If this form is signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, they certify that they have the authority to execute this form on behalf of the taxpayer. This power of attorney will remain in effect until it is revoked by either the taxpayer or the agent.

Print Name* Bouvier Ezell	Signature* 	Title	Date* 10/02/2024
Print Name	Signature	Title	Date

6. Representative Signature: Under penalties of perjury, I declare I am authorized to represent the taxpayer(s) listed in Section 1.

A.) Attorney B.) Certified Public Accountant C.) Enrolled Agent D.) Family member or Other (provide relationship below):
Relationship: _____

Representative	Designation Letter from Above List	Print Name *	Representative Signature*	Date*
Primary	c	David W Collins		10/02/2024
Additional				

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: Bouvier Ezell (bouvierezell@yahoo.com)

Identity Check: Email Authentication

Signature Type: Mouse or hand drawn

Time Zone: UTC-05:00, America/Chicago (Central Daylight Time)

Event Log

Oct 2, 2024, 2:26:11 PM - Email notification sent to Bouvier Ezell (bouvierezell@yahoo.com).

Oct 2, 2024, 2:26:48 PM - Email notification delivered to Bouvier Ezell (bouvierezell@yahoo.com).

Oct 2, 2024, 3:46:00 PM - Bouvier Ezell (bouvierezell@yahoo.com) opened the email notification (estimated), from 3.147.36.146.

Oct 2, 2024, 3:46:04 PM - Bouvier Ezell (bouvierezell@yahoo.com) viewed the document(s), from 208.79.8.122.

Oct 2, 2024, 3:47:49 PM - Bouvier Ezell (bouvierezell@yahoo.com) electronically signed or completed the document(s), from 208.79.8.122.

END OF LOG