

POWER OF ATTORNEY

1. TAXPAYER INFORMATION.

Include spouse's name if this is for a joint return. If a business, enter both its legal name and its trade or DBA name. Both the person granting and the person being granted the power of attorney **must** sign and date this form below in Sections 3 and 4.

Taxpayer's Name (if a business include both legal name and DBA name)					Taxpayer's EIN/SSN/PTIN	
Address		City	State	Zip Code	Area Code & Phone Number	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address
Spouse's Name					Spouse's Social Security Number	
Address (if different)		City	State	Zip Code	Area Code & Phone Number	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address

2. TAXPAYER GRANT OF POWER OF ATTORNEY.

I hereby appoint the following attorney, accountant, or other representative as my attorney-in-fact:

Representative's name and title (if member of a firm, enter both the representative's name and firm name)					EIN/SSN/PTIN	Phone Number
Shay McCool					P01695578	844-225-3659
Address		City	State	Zip Code	Fax Number	
148 State Street, 6th Floor		Boston	MA	02109	866-260-6264	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address
						taxks@pcgus.com
Representative's name and title (if member of a firm, enter both the representative's name and firm name)					EIN/SSN/PTIN	Phone Number
Deralie Mooney					P02375178	844-225-3659
Address		City	State	Zip Code	Fax Number	
148 State Street, 6th Floor		Boston	MA	02109	866-260-6264	
Foreign Address (if applicable)		City	Province	Country	Zip Code	Email Address
						taxks@pcgus.com

To represent me before the Kansas Department of Revenue for the following tax matters:

- All Tax Types (if not all list those applicable below) All Tax Years (if not all list those applicable below)

Type of Tax (Individual Income, Sales, Withholding, etc.)	Tax Year(s) or Period(s)
Withholding	2023-2026

AUTHORIZED ACTS.

For the tax types and periods listed, the representative(s) are authorized to (check all applicable boxes):

- Receive and inspect my confidential tax information. Sign agreements, consents or other documents on my behalf.
 Represent me in tax matters before the department. Perform any act that I can perform with respect to the tax matter listed above.

List any specific additions or deletions to the acts that are otherwise authorized in this power of attorney (see Instructions).

RETENTION/REVOCAION OF PRIOR POWERS OF ATTORNEY.

I hereby revoke all earlier powers of attorney on file with the Kansas Department of Revenue for the same tax matters and periods covered by this document.

Check here if you DO NOT wish to revoke a prior power of attorney. List below representatives you want to retain power of attorney.

Representative's name and title (if member of a firm, enter both the representative's name and firm name)	EIN/SSN/PTIN
Representative's name and title (if member of a firm, enter both the representative's name and firm name)	EIN/SSN/PTIN

PLEASE SIGN PAGE 2

