

**Minnesota Department of Employment and Economic Development
Angel Tax Credit Program
Power of Attorney Form**

Section I. Applicant's name and identifying information

Applicant's name: _____
(Business, Investor, or Fund name)

Applicant's Identification Number (SSN/TIN/FEIN): _____

Spouse's name (if married filing jointly): _____

Spouse's Taxpayer Identification Number (SSN/TIN) (if married filing jointly): _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Phone: _____ Email: _____

Section II. Power of Attorney

Expiration date: _____

(If a date is not provided, this power of attorney is valid until revoked)

Check one:

Original—your first power of attorney authorizing this appointee

Amend—changes an existing power of attorney for this appointee

Cancel/Revoke—cancels a previously filed power of attorney

I, the undersigned Applicant, appoint the following named Appointee to act as my attorney-in-fact to represent me before the Minnesota Department of Employment and Economic Development for all matters related to the Minnesota Angel Tax Credit Program. I understand that it is my responsibility to keep my appointee informed of my matters related to the program. I also understand that the department does not send copies of all correspondence to my appointee.

Appointee name: _____

Firm name (if applicable): _____

Street Address: _____

Street Address: _____

City: _____ State/Province: _____ Zip: _____

Country: _____

Phone: _____ Email: _____

I grant full authority to the appointee. The appointee is authorized to perform on my behalf any and all acts I can perform with respect to any matters related to the Minnesota Angel Tax Credit Program and to have access to and be entitled to discuss with the Program's staff any and all data contained in my application(s) for participation in the Program as well as any other data in the possession of the State of Minnesota or any of its agencies that may be relevant to determining my eligibility to participate or continue in the Program..

I grant limited authority to the appointee. The appointee is authorized to perform only the acts I describe below with respect to my matters related to the Minnesota Angel Tax Credit Program:

Section III. Signatures

The power of attorney is not valid until it is signed and dated in the presence of a notary public.

Applicant's signature

Date

Applicant's name (printed)

Applicant's title (if business or fund)

Spouse's signature (if married filing jointly)

Date

Spouse's name (printed)

Specimen Signature of Attorney-In-Fact: _____

Acknowledgment

STATE OF _____

COUNTY OF _____

The foregoing Power of Attorney Form was acknowledged before me on

_____, _____, by _____, _____ of
Date Name Title (if business or fund)

_____, and _____.
Name of business or fund (if applicable) Spouse's name (if applicable)

Notary Public

Mail form to: Minnesota Department of Employment and Economic Development
Angel Tax Credit Program, Attn: Jeff Nelson
First National Bank Building
332 Minnesota Street, Suite E-200
St. Paul, MN 55101-1351