

**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: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Section II. APPOINTED POWER OF ATTORNEY**

**Check one:**

- Activate—This power of attorney is authorized to represent 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 and contact information:**

POA name: \_\_\_\_\_

Firm name (if applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_  
Power of Attorney's specimen signature

\_\_\_\_\_  
Date

**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. APPLICANT'S NOTARIZED SIGNATURE**

*NOTE: The power of attorney is not valid until it is signed and dated by the applicant in the presence of a notary public.*

\_\_\_\_\_  
Applicant's signature Date

\_\_\_\_\_  
Applicant's name (printed)

\_\_\_\_\_  
Applicant's Business or Fund Name *(if applicable)*

\_\_\_\_\_  
Applicant's Business or Fund Title *(if applicable)*

**Notary Public Acknowledgment**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

The foregoing Power of Attorney Form was acknowledged before me on:

\_\_\_\_\_ By \_\_\_\_\_ of \_\_\_\_\_  
Date Applicant's Name Business or Fund Name *(if applicable)*

\_\_\_\_\_  
Notary Public SEAL

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