



POWER OF ATTORNEY
FOR DEPARTMENT ADMINISTERED SALES AND USE TAX MATTERS

SECTION 1. TAXPAYER INFORMATION AND IDENTIFICATION:

Entity: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Doing Business As: (DBA) \_\_\_\_\_ Secondary Phone Number: \_\_\_\_\_
Taxpayer Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_
Taxpayer Name: (if using jointly) \_\_\_\_\_ Social Security Number: (if jointly) \_\_\_\_\_
Business Address: \_\_\_\_\_ City Tax ID Number: \_\_\_\_\_
City, State, Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_

SECTION 2. REPRESENTATIVE:

Taxpayer appoints the following representative as Attorney in Fact.
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
Mailing Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_
City, State, Zip Code: \_\_\_\_\_ Email: \_\_\_\_\_
Attorney Registration Number or FEIN Number: (if applicable) \_\_\_\_\_

SECTION 3. TAX MATTERS APPROVED FOR REPRESENTATION:

\_\_\_\_\_ City Sales Tax \_\_\_\_\_ All Department Administered Sales Taxes Period From: \_\_\_\_\_ To: \_\_\_\_\_
\_\_\_\_\_ City Use Tax \_\_\_\_\_ All Department Administered Use Taxes Period From: \_\_\_\_\_ To: \_\_\_\_\_

SECTION 4. ACTS AUTHORIZED:

Representative is authorized to receive and inspect confidential tax information and records and to perform any and all acts that the taxpayer names above can perform with respect to the tax matters described in Section 3. The authority does not include the power to receive refund checks or the acts specifically deleted in Section 5.

SECTION 5. ADDED OR DELETED ACTS:

List any specific additions and/or deletions to the acts otherwise authorized in this power of attorney.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

SECTION 6. RETENTION AND REVOCATION OF PRIOR POWERS OF ATTORNEY:

The filing of this power of attorney automatically revokes all earlier powers of attorney on file with the City of Colorado Springs for the same tax matters and periods covered by this document. If you do not want to revoke a prior power of attorney, check here  Attach a copy of ANY power of attorney you want to remain in effect.

SECTION 7. SIGNATURE OF TAXPAYER. TAXPAYER(S) MUST SIGN.

Signature: \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_
Signature: (if jointly) \_\_\_\_\_ X \_\_\_\_\_ Date: \_\_\_\_\_
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

SECTION 8. DECLARATION OF REPRESENTATIVE:

I am authorized to represent the taxpayer(s) identified in Section 1 for the tax matter(s) specified.
Signature: \_\_\_\_\_ X \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_
I represent the taxpayer(s) identified in Section 1 as:
\_\_\_\_\_ CO Attorney Registration Number \_\_\_\_\_ Attorney Registered in \_\_\_\_\_
\_\_\_\_\_ CO Licensed CPA \_\_\_\_\_ CPA Licensed in \_\_\_\_\_
\_\_\_\_\_ Full time employee of taxpayer \_\_\_\_\_ Enrolled Agent \_\_\_\_\_
\_\_\_\_\_ Other, explain: \_\_\_\_\_