



POWER OF ATTORNEY
For Department Administered Sales and Use Tax Matters

SECTION 1. Taxpayer Information and Identification. Taxpayers *must* sign.

Taxpayer Name(s) and address (include any trade name or DBA)	Daytime phone number
	Social Security Number for Individual
	Second Social Security Number (if using jointly)
	City Tax ID Number

SECTION 2. Representative: Taxpayer appoints the following representative as Attorney in Fact

Name and address	Phone Number
	Fax Number
	Attorney Reg Number or FEIN (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 named 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/deletions to the acts otherwise authorized in this power of attorney.

SECTION 6. Retention/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 powers of attorney, check here _____.
ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

SECTION 7. Signature of Taxpayer

Signature	Date
Print Name	Title
Signature	Date
Print 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	Title	Date
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I represent the taxpayer(s) identified in #1 as:

_____ CO attorney, Reg #	_____ attorney registered in _____	
_____ CO licensed CPA	_____ CPA licensed in _____	
_____ Full time employee of taxpayer	_____ Enrolled Agent	
_____ Other, explain _____		