

**CITY OF LAPEER
INCOME TAX DEPARTMENT
POWER OF ATTORNEY AUTHORIZATION**

1. Taxpayer Name	Phone Number	Account Number
Address	City	State ZIP Code

NOTE: Use item 7 to revoke an existing power of attorney.

2. This Power of Attorney Authorization is effective only for the inclusive dates:	From: (mo/day/yr) / /	To: (Expiration)* / /
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3. **Your authorized representative(s).** This may be an organization, firm, partnership or individual. If your representative is not an individual, you must designate a contact person. Submit additional forms if you have more than two representatives. We will contact either representative unless you attach a letter specifying joint contacts.

Representative Name	Telephone Number
Address	City State ZIP Code

Representative Name	Telephone Number
Address	City State ZIP Code

4. **General Authorization.** My representative(s) is authorized to receive information and represent me as indicated below (you must check a box for every item).

- yes no
a To inspect or receive confidential tax information for all tax matters and years.
If no, complete item 5 below.
- yes no
b To represent me and make oral or written presentations of fact or argument on my behalf
for all tax matters and years. If no, complete item 5 below.
- yes no
c To sign returns and enter into agreements for me for all tax matters and years.
If no, complete item 5 below.
- yes no
d Other authorization as specified here: _____

5. **Specific Authorization.** Complete only if you check "no" to any statement in item 4.

	Type of Lapeer Return	Tax Years or Tax Periods
a		
b		
c		
d		

6. **New Power of Attorney.** This power of attorney revokes all earlier powers of attorney and tax information authorization on file with the City of Lapeer Income Tax Department for the same tax matters and years or periods covered by this power of attorney, except the following (specify person granted to, date and address including ZIP code, or refer to attached copies of earlier powers and authorizations):

7. No Power of Attorney. I revoke all powers of attorney previously submitted and will represent myself in all tax matters. Initial here and complete item 8.	Initials
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8. **Taxpayer's Signature** If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney.

Signature	Print or Type Name	Date
Signature	Print or Type Name	Date

*If this matter is not settled by the expiration date, you may have to file a new power of attorney.