



**Power of Attorney
Sales and Use Tax Division**

1. Taxpayer information and identification. Taxpayers must sign on reverse side.	
Taxpayer Name(s) and address (include any trade name or DBA).	Daytime Phone Number ()
	Email Address
	City of Centennial Sales Tax License
	Colorado Dept of Revenue Sales Tax No.
	Social Security Number for Individual
2. Representative(s). Representative(s) must sign on the reverse side. <i>Hereby appoint(s) the following representative(s) as attorney(s)-in-fact</i>	
A. Name(s) and address	Phone Number ()
	Fax Number ()
	Email Address
	Attorney Registration Number or FEIN
B. Name(s) address	Phone Number ()
	Fax Number ()
	Email Address
	Attorney Registration Number or FEIN
3. Tax matters approved for representation:	
<input type="checkbox"/> City of Centennial Sales Tax	Period From _____ to _____
<input type="checkbox"/> City of Centennial Building Materials Used Tax and/or Motor Vehicle Use Tax	Identification Number (permit or VIN)
4. Acts Authorized – The representatives are 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 #3, for example, the authority to sign and bind the taxpayer above to agreements, consents, or other documents. The authority does not include the power to receive refund checks or the deleted acts specifically addressed in #5.	

5. Added or Deleted Acts: List any specific additions or deletions to the acts otherwise authorized in this power of attorney.	
6. Retention/Revocation of Prior Power(s) of Attorney – The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the City of Centennial 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 <input type="checkbox"/> YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.	
7. Signature of Taxpayer(s) – If this form is not signed, dated and titled (if applicable), it is invalid. If tax matters concern a joint return, both parties must sign for joint representation. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, estate administrator or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.	
Signature	Date
Print Name	Title
Signature	Date
Print Name	Title
8. Declaration of Representative – I am authorized to represent the taxpayer(s) identified in #1 for the tax matter specified.	
Signature/Date	Title
I represent the taxpayer(s) identified in #1, as: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> CO attorney, Registration # _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Attorney registered in _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> CO licensed CPA </div> <div style="width: 48%;"> <input type="checkbox"/> CPA licensed in _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> full time employee of the Taxpayer </div> <div style="width: 48%;"> <input type="checkbox"/> Enrolled Agent _____ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other, explain _____ </div>	
Signature/Date	Title
I represent the taxpayer(s) identified in #1, as: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> CO attorney, Registration # _____ </div> <div style="width: 48%;"> <input type="checkbox"/> Attorney registered in _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> CO licensed CPA </div> <div style="width: 48%;"> <input type="checkbox"/> CPA licensed in _____ </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <input type="checkbox"/> full time employee of the Taxpayer </div> <div style="width: 48%;"> <input type="checkbox"/> Enrolled Agent _____ </div> </div> <div style="margin-top: 10px;"> <input type="checkbox"/> Other, explain _____ </div>	
Signature/Date	Title