



The City of New York

TAX APPEALS TRIBUNAL POWER OF ATTORNEY

TAXPAYER'S NAME:	
	EIN/SSN:
ADDRESS:	
TELEPHONE NO.:	FAX NO.:

hereby makes, constitutes and appoints:

REPRESENTATIVE'S NAME(S):	
FIRM NAME:	
ADDRESS:	
TELEPHONE NO.:	FAX NO.:

as taxpayer's true and lawful attorney(s) to appear and represent taxpayer before the Tax Appeals Tribunal of the City of New York in connection with the following matters:

TYPE OF TAX	YEAR(S)

- With respect to the above specified tax matters, said attorney(s) is (are) hereby authorized to receive confidential information and warrants, examine any and all returns filed by the taxpayer, and perform any and all acts that the taxpayer can perform with full powers of substitution and revocation.
- All communications regarding any matter coming within the scope of the authority herein granted are to be sent to:

FILL IN NAME(S) OF NOT MORE THAN TWO OF THE ABOVE NAMED REPRESENTATIVES →

1. _____

2. _____

ALL PRIOR POWERS OF ATTORNEY ARE HEREBY REVOKED.

SIGNATURE OF THE TAXPAYER		
<i>If signed by a corporate officer, fiduciary or general partner on behalf of the taxpayer, I certify that I have authority to execute this Power of Attorney on behalf of the taxpayer.</i>		
_____ SIGNATURE	_____ TITLE (IF APPLICABLE)	_____ DATE

INDIVIDUAL ACKNOWLEDGEMENT

TO BE FILED ONLY IN CONNECTION WITH MATTERS INVOLVING AN INDIVIDUAL OR UNINCORPORATED TAXPAYER

STATE OF _____
COUNTY OF _____ SS:

On this _____ day of _____, _____, before me personally came _____ known to me to be the individual described herein, and acknowledged that he/she executed the same.

SIGNATURE OF NOTARY ADMINISTERING OATH

EXPIRATION DATE OF APPOINTMENT

If you have an official stamp or seal, affix it here. →

CORPORATE ACKNOWLEDGEMENT

TO BE FILED ONLY IN CONNECTION WITH MATTERS INVOLVING AN INCORPORATED TAXPAYER

STATE OF _____
COUNTY OF _____ SS:

On this _____ day of _____, _____, before me personally came _____ known to me, who being duly sworn, deposes and says that he/she resides in _____; that he/she is the _____ of _____, the corporation described in and which executed this Power of Attorney; and that he/she signed his/her name thereto by order of the board of directors of the corporation.

SIGNATURE OF NOTARY ADMINISTERING OATH

EXPIRATION DATE OF APPOINTMENT

If you have an official stamp or seal, affix it here. →

NOTICE OF APPEARANCE

I agree to represent the above named taxpayer in accordance with the terms of the Power of Attorney set forth above and I certify that I am a(n):

- Attorney-at-Law Public Accountant
- Certified Public Accountant Enrolled Agent

Other: _____

SIGNATURE

DATE

- Attorney-at-Law Public Accountant
- Certified Public Accountant Enrolled Agent

Other: _____

SIGNATURE

DATE

- Attorney-at-Law Public Accountant
- Certified Public Accountant Enrolled Agent

Other: _____

SIGNATURE

DATE