

Authorized Representative

This form allows you to designate someone to assist or represent you in the conduct of any proceedings resulting from an audit or actions by the City of Powell's Tax Administrator or their representative.

If you want to grant someone the authority to assist or represent you please read the detailed information below, fill out the necessary information, and sign where indicated. If you and your spouse are both granting and you want someone to act on your behalf, you both must agree to have an Authorized Representative designated for your household. You both must agree to designate the same Authorized Representative, and you both must sign this form.

An Authorized Representative has the authority to view, receive, share and discuss your and your spouse's tax and related information with the Tax Administrator. However, only you and your spouse can bind any compromise or agreement with the Tax Administrator.

By completing this form, you authorize the Tax Administrator or their representative to share all verbal and written communication and personal data with your designed Authorized Representative.

You are not required to designate someone (an Authorized Representative) to assist or represent you and/or your spouse. If you do not wish to have an Authorized Representative, do not complete this form.

If you would like to designate an Authorized Representative, please complete and sign the reverse side of this form and return to the Tax Administrator or their representative.

Authorization

Name of taxpayer	Social Security number	Telephone number
Name of spouse taxpayer	Social Security number	Telephone number
Name of Authorized Representative (please print)		Telephone number
Address of Authorized Representative		City, State and Zip

If the designated Authorized Representative is someone who has legal authority to make decisions on your behalf (such as legal guardian or a person with power of attorney), please include documentation to verify this status.

By signing this form to designate an Authorized Representative, I am indicating that:

- I understand this authorization covers by federal, state and local tax information, including my personal data.
- I understand that this designation will continue as long as I am a resident or taxpayer of the City of Powell unless I cancel or change this permission. I may do so at any time by sending a letter to: City of Powell Tax Administrator, 47 Hall Street, Powell, OH 43065-0847
- I understand that even if I cancel or change this permission, the Tax Administrator cannot take back information that has already been released.
- I understand that after the Tax Administrator releases my information to my Authorized Representative, it may no longer be protected by tax confidentiality law, and may be given out again by the person to whom the information was released.
- I understand that my actions to designate, change, or remove an Authorized Representative will not impact the proceedings.

Signature of applicant	Date:
Signature of spouse	Date:
Signature of Authorized Representative	Date:

