



Tax Information Designation and Power of Attorney for Representation

Office Use Only

Date Received:

Taxpayer Last Name or Business Name	First Name	Middle Initial	SSN, CAN or FEIN
Spouse's Last Name, if returns are filed jointly	First Name	Middle Initial	SSN or CAN
Address	City		State Zip

Mark only one (the department will accept the federal form 2848, Power of Attorney and Declaration of Representative, in lieu of this document):

- ☐ **Tax Information Authorization:** Marking this box allows the department to disclose your confidential tax information to your designee. You may designate a person, agency, firm or organization. See Section 39-21-113 (4) (b).

☐ **Power of Attorney for Representation:** Mark this box if you want a person to "represent" you. This means the person may receive confidential information and may make tax decisions on your behalf.

For ☐ All Tax years or ☐ Specific tax years/filing periods:

I hereby appoint the following person as Designee for Tax Information or Attorney for Representation:

Last Name	First Name	Middle Initial
Mailing Address		Phone Number
City	State	Zip Fax Number

Name of business/firm (if applicable)

Representative's title or relationship to taxpayer

Last Name	First Name	Middle Initial
Mailing Address		Phone Number
City	State	Zip Fax Number

Name of business/firm (if applicable)

Representative's title or relationship to taxpayer

The above-named is authorized to receive my confidential information and/or represent me before the Finance Department of Commerce City:

☐ All tax matters until this authorization is revoked in writing, **or**

☐ Specific tax matters as follows (mark all that apply):

<input type="checkbox"/> City Sales Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> All Commerce City Administered Taxes	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> City Consumer Use Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/>	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> City Accommodations Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/>	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> City Excise Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/>	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> City Marijuana Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> Other tax (specify)	Period (MM/DD/YY-MM/DD/YY) -

If other, please explain

Signature of Taxpayer(s)

- I acknowledge the following provision: Actions taken by a Power of Attorney representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.
- Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer(s): I am authorized to sign this form on behalf of the entity or person identified above as the taxpayer because:
 - I am the taxpayer
 - The taxpayer is a corporation, and I am the corporate officer
 - The taxpayer is a partnership, and I am a partner
 - The taxpayer is a trust, and I am the trustee
 - The taxpayer is a decedent's estate, and I am the estate administrator
 - The taxpayer is a receivership, and I am the receiver
 - Other (if none of the above, then explain what representative capacity you have for the taxpayer)
- If a tax matter concerns a joint return, both spouses must sign if joint representation is requested. Taxpayers filing jointly may authorize separate representatives.

Signature	Print Name	Date (MM/DD/YY)
Title (if applicable)		Daytime telephone number
Spouse Signature (if joint representation)	Print Name	Date (MM/DD/YY)

Declaration of Representative — I am authorized to represent the taxpayer(s) identified above for the tax matter(s) specified.

Signature	Date (MM/DD/YY)	Title
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Note: This authorization form automatically revokes and replaces all earlier tax information designations and/or earlier powers of attorney for representation on file with the Commerce City Finance Department for the **same** tax matters and years or periods covered by this form. **Attach a copy of any other tax information authorization or power of attorney you want to remain in effect.**

If you do not want to revoke a prior authorization, taxpayer sign here	Spouse signature if returns are filed jointly
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Please complete the following, **if known** (for routing purposes only). Otherwise, you may mail this document or submit an electronically scanned copy of the document to: *TaxDivision@c3gov.com*

Revenue Employee	
Division	Section
Telephone Number	Fax Number

Send to: Tax Division, City of Commerce City, 7887 E 60th Ave., Commerce City, CO 80022

If this tax information authorization or power of attorney form is not signed, it will be returned.

Instructions for Commerce City POA

This form is used for two purposes:

- Tax information disclosure authorization. You authorize the City to disclose your confidential tax information to another person. This person will not receive original notices we send to you.
- Power of attorney for representation. You authorize another person to represent you and act on your behalf. The person must meet the qualifications listed here. Unless you specify differently, this person will have full power to do all things you might do, with as much binding effect, including, but not limited to: providing information; preparing, signing, executing, filing, and inspecting returns and reports; and executing statute of limitation extensions and closing agreements.

SSN: Social Security Number

CCL: City License Number

FEIN: Federal Employer Identification Number

This form is effective on the date signed. Authorization terminates when the City receives written revocation notice or a new form is executed (unless the space provided on the front is initialed indicating that prior forms are still valid). If this tax information designation and power of attorney for representation form is used for taxpayers on a joint return, both the primary taxpayer and spouse must sign this form.

Unless the appointed representative has a fiduciary relationship to the taxpayer (for example, personal representative, trustee, guardian, conservator), an original Notice of Tax Assessment will be mailed to the taxpayer as required by law. A copy will be provided to the appointed representative when requested.

For corporations, "taxpayer" as used on this form, must be the corporation that is subject to Commerce City tax. List fiscal years by year end date.

An individual who prepares and either signs your tax return or who is not required to sign your tax return (by the instructions or by rule), may represent you **during an audit of that return. That individual may not represent you for any other purpose unless they meet one of the qualifications listed above.**

Generally, declarations for representation in cases appealed beyond the City of Commerce City must be in writing to the local jurisdiction district court. A person recognized by a district court will be recognized as your representative by the department.