



St. Bernard Tax Department

POWER OF ATTORNEY DECLARATION OF REPRESENTATIVE

This form provides limited authority for St. Bernard Tax Department representatives to speak about confidential tax matters with designated third parties. Such authority is limited to the tax period, tax type, and the specific issue/purpose identified herein.

PART I Power of Attorney

The following taxpayer

Tax payer Name

Identifying Number

Address

City

State

ZIP

hereby appoints

Appointee Name

Telephone

E-Mail Address

Address

City

State

ZIP

as my attorney-in-fact to represent the taxpayer before the St. Bernard Tax Department. This authorization includes the authority to view and receive copies of returns, reports or other documents filed by the taxpayer or prepared by the St. Bernard Tax Department concerning the business, property or transactions of the taxpayer, request alternative methods of taxation, present evidence or legal arguments to any employee of the St. Bernard Tax Depart, raise objections to audit findings or assessments, file petitions or applications and waive statutes of limitation. This authorization does not authorize the tax representative to sign any form or declaration where the Ohio Revised Code specifically requires that the form or declaration be signed by the taxpayer.

This POWER of ATTORNEY revokes all earlier POWERS of ATTORNEY and is limited for the use of matters before the St. Bernard Tax Department and subject to the restrictions and the matters as set forth as follows:

The taxpayer must indicate all restrictions, if any, to this authorization in the space below.

Tax Year(s) or Period(s)	Tax Return / Form	Description of the Matter / Restrictions to Power of Attorney

I certify, under penalties of perjury, that I am the taxpayer or that I am a corporate officer, LLC member, general partner, guardian, tax manager or similar employee authorized to act on tax matters, executor, receiver, administrator or trustee on behalf of the taxpayer and that I have the authority to execute this form on behalf of the taxpayer. If the tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s).

Signature _____

Date _____

Title (if applicable) _____

If the POWER of ATTORNEY is granted to a person other than an attorney of certified public accountant, the taxpayer's signature must be witnessed or notarized below. (Check and complete one)

Is known to and signed in the presence of the two disinterested witness whose signatures appear here:

(Signature of Witness)

(Date)

(Signature of Witness)

(Date)

Appeared this day before a notary public and acknowledged this POWER of ATTORNEY as a voluntary act and deed.

Witness _____

(Signature of Notary)

(Date)

SEAL

PART II Expiration Date

This declaration is valid until after the date that it is signed.

If no expiration date is given, this declaration will expire one year

PART III Declaration of Representative

I declare that I am one of the following:

- 1 a member in good standing of the bar of the highest court of the jurisdiction indicated below;
- 2 duly qualified to practice as a certified public accountant in the jurisdiction indicated below;
- 3 a bona fide officer of the taxpayer organization;
- 4 a full-time employee of the taxpayer;
- 5 a member of the taxpayer’s immediate family (spouse, parent, child, brother or sister);
- 6 a fiduciary for the taxpayer; and/or
- 7 Other (specify) _____ ;

and that I am authorized to represent the taxpayer identified in Part I for the tax matters specified therein.

DESIGNATION (Insert from list above)	JURISDICTION (State, Etc.)	SIGNATURE	DATE

**Village of St. Bernard
Tax Department
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