



# Power of Attorney For Department Administered Tax Matters

City of Loveland  
Sales Tax Department

*Please Type or Print Clearly*

1) Legal Name of Business or Individual Name (Last, First):			
2) Trade Name of Business (if any):			
3) Mailing Address:		7) Phone Number:	
4) City:	5) State:	6) Zip:	8) City License Number:

**9) Representatives:** The above-named taxpayer hereby appoints the following representatives as attorney(s)-in-fact

A. Name(s) and address:	Phone Number:
	Fax Number:
B. Name(s) and address:	Phone Number:
	Fax Number:

**10) Tax matters approved for representation:**

- Loveland Sales Tax
- Loveland Lodging Tax
- On-Line Account Set-up (Includes access to tax return history and ability to file current tax returns)
- Other (Specify): \_\_\_\_\_

Tax Periods: _____ to _____
Tax Periods: _____ to _____
user name & email address to be set-up


**11) Acts Authorized:** The representatives named herein are authorized to receive and inspect confidential tax information and to perform any and all acts the above-named taxpayer can perform with respect to the tax matters described in number 10, including, but not limited to, the authority to sign and bind the taxpayer to agreements, consents, or other documents. The authority does not include the power to receive refund checks or the deleted acts specifically addressed below.

**12) Added or Deleted Acts:** List any specific additions or deletions to the acts otherwise authorized in this power of attorney.


**THE TAXPAYER AND ALL REPRESENTATIVES MUST SIGN THE BACK OF THIS FORM**

**13) Retention/Revocation of Prior Power(s) of Attorney:** The filing of this power of attorney automatically revokes all earlier power(s) of attorney filed with the City of Loveland Sales Tax Department by the above-named taxpayer for the same tax matters and periods covered by this document. **IF YOU DO NOT WANT TO REVOKE A PRIOR POWER OF ATTORNEY**, you must attach a copy of any power of attorney you want to remain in effect. You may revoke this power of attorney by writing **REVOKE** along with the effective date at the top in clear and conspicuous print and returning a copy to the Department.

**14) Signature of Taxpayer:** If this form is not signed and dated, it is invalid. If this form is executed on behalf of the taxpayer by a corporate officer, partner, guardian, tax matters partner, executor, receiver, estate administrator, trustee, or other agent or employee, such person attests he/she has the authority to execute this form on behalf of the taxpayer.

<b>Taxpayer Signature</b>				
		Signature		Date
		Printed Name	Title	Phone No.

**15) Declaration & Signature of Representative(s):** I hereby declare that I am authorized to represent the above-named taxpayer for the tax matter(s) and period(s) specified herein.

<b>Representative Signature</b>				
		Signature		Date
		Printed Name	Title	Phone No.

I represent the above-named taxpayer as:

<input type="checkbox"/>	CPA Licensed In/Lic. No.:	
<input type="checkbox"/>	Attorney Licensed In/Lic. No.:	
<input type="checkbox"/>	Other (explain):	

**Return completed form to:** City of Loveland Sales Tax Department  
500 E Third Street Suite 110  
Loveland, CO 80537