



WESTMINSTER

Power of Attorney For Department Administered Tax Matters

Please Type or Print Clearly

City of Westminster
Department of Finance
Sales Tax Division

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

Westminster Sales & Use Tax

Westminster Admissions Tax

Westminster Accommodations Tax

Other Tax (Specify): _____

Tax Periods: _____ to _____
Tax Periods: _____ to _____
Tax Periods: _____ to _____
Tax Periods: _____ to _____

11) Acts Authorized: The representatives named herein are authorized to receive and inspect confidential tax information and to perform any an all acts that 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 Westminister Department of Finance 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 that he/she has the authority to execute this form on behalf of the taxpayer.

Taxpayer Signature		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.

Representative Signature		Signature	Date
		Printed Name	Title
		Phone No.	

I represent the above-named taxpayer as:

CPA Licensed In/Lic. No.: _____

Attorney Licensed In/Lic. No.: _____

Other (explain): _____

Representative Signature		Signature	Date
		Printed Name	Title
		Phone No.	

I represent the above-named taxpayer as:

CPA Licensed In/Lic. No.: _____

Attorney Licensed In/Lic. No.: _____

Other (explain): _____