

Town of Breckenridge
 Finance & Municipal Services Division
 PO Box 8629
 Breckenridge, CO 80424



**POWER OF ATTORNEY
 FOR TOWN ADMINISTERED TAX MATTERS**

License Number	Effective Date
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1 Taxpayer Name(s) and Address <i>Taxpayers must sign on reverse side.</i>	
Name as shown on your license	
Address (Number and Street)	
City, State, Zip Code	
Phone Number	Email Address

2 Representative(s) Name(s) and Address <i>Representative(s) must sign on reverse side.</i>	
<i>Hereby appoint(s) the following representative(s) as attorney(s)-in-fact</i>	
Name(s)	Breckenridge License # <i>(if applicable)</i>
Address (Number and Street)	
City, State, Zip Code	
Phone Number	Email Address
Name(s)	Breckenridge License # <i>(if applicable)</i>
Address (Number and Street)	
City, State, Zip Code	
Phone Number	Email Address

<p>3 Acts Authorized - The representatives are authorized to receive and inspect confidential tax information and records and to perform any and all acts that the taxpayers named above can perform with respect to Town of Breckenridge tax matters. For example, the authority to sign and bind the taxpayer above to agreements, consents, or other documents. The authority does not include the power to receive refund checks or the deleted acts specifically addressed below.</p> <p>Added or Deleted Acts - List any specific additions or deletions to the acts otherwise authorized in this power of attorney.</p> <hr/> <hr/> <hr/> <hr/>
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4 Retention / Revocation of Prior Power(s) of Attorney - The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Town of Breckenridge, Sales Tax Division for the same tax matters and periods covered by this document. If you do not want to revoke a prior power of attorney, check here
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT

5 Signature of Taxpayer(s) - If this form is not signed, dated, and titled (if applicable), it is invalid. If tax matters concern a joint return, both parties must sign for joint representation. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, estate administrator or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Signature	Date
Print Name	Title

Signature	Date
Print Name	Title

6 Declaration of Representative - I am authorized to represent the taxpayer(s) identified in number 1 for the tax matter(s) specified.

Signature	Date
Print Name	Title

I represent the taxpayer(s) identified in number 1 as:

- CO attorney, Reg # Attorney registered in _____
- CO licensed CPA CPA licensed in _____
- Full time employee of the taxpayer Property Manager
- Other, explain _____

Signature	Date
Print Name	Title

I represent the taxpayer(s) identified in number 1 as:

- CO attorney, Reg # Attorney registered in _____
- CO licensed CPA CPA licensed in _____
- Full time employee of the taxpayer Property Manager
- Other, explain _____

You may fax this request to 970-547-4468 or mail to Town of Breckenridge Attn: Sales Tax Division PO Box 8629 Breckenridge, CO 80424

PLEASE MAKE A COPY FOR YOUR RECORDS