

BEFORE THE STATE BOARD OF TAX APPEALS
STATE OF ARIZONA
100 N. 15th Avenue, Suite 140
Phoenix, Arizona 85007
(602) 364-1102

POWER OF ATTORNEY

Docket No: _____

This Power of Attorney is made on _____, 20 _____

Between: _____ Telephone No. _____

whose address is

individually referred to as "I" or "my".

And: _____ Telephone No. _____

whose address is:

Who is: (Check One)

- 1) a member in good standing of the bar of the State of Arizona;
 2) duly qualified to practice as a certified public accountant in the State of Arizona;*
 3) enrolled as an agent pursuant to the requirements of the Treasury Department;*

referred to as "You".

Grant of Authority: I appoint You to act as my Agent (called an Attorney in Fact) to do each and every act which I could personally do for the following uses and purposes;

To represent my interests at any hearing before the Board of Tax Appeals and to file any and all necessary documents.

Powers. I give You all the power and authority which I may legally give to You. I may revoke this Power of Attorney at any time. I hereby approve and confirm all that You may lawfully do on my behalf.

Signatures. By signing below, I acknowledge that I have received a copy of this Power of Attorney and that I understand its terms.

Taxpayer Date: _____

Taxpayer Date: _____

* May represent a taxpayer before the Board only if the amount in dispute is less than \$25,000.

