Taxpayer Name and Address:

Oklahoma Tax Commission Oklahoma City, Oklahoma 73194



Power of Attorney

(Please Type or Print.)

ereby appoints: Representative(s) Name and Address:	Daytime Telepho	ne Number:	Fax Number:
Representative(s) Name and Address:	Daytime Telepho	ne Number:	Fax Number:
Representative(s) Name and Address:	Daytime Telepho	ne Number:	Fax Number:
Note: If you appoint an organization, firm or partnership, you must also name	e an individual within the c	organization 1	to act on your behal
attorney(s)-in-fact to represent taxpayer before the Oklahoma Tax Commi ents that taxpayer would be entitled to receive.	ission (OTC) and/or acqu	iire any tax f	orm(s) and/or docu
Type of TaxState Tax Number(Income, Sales, etc.)Description of Tax Doct	÷.	Year(s) or Date of Death	Period(s) if Estate Tax)

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 OTC for the same matters and years or periods covered by this document. If you do not want to revoke a prior Power of Attorney, check here

Attach a copy of any Power of Attorney you want to remain in effect.

<u>Taxpayer(s)</u> Signature and Date. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

Signature

Title (If applicable)

Date

Date

Social Security/Federal Employer Identification Number(s):

Type or print your name below if signing for a taxpayer who is not an individual.

Name

Title (If applicable)

Declaration of Representative

Under penalties of perjury, by my signature below, I declare that:

• I am authorized to represent the taxpayer identified above for the matter(s) specified there; and

I am one of the following:

Attorney – A member in good standing of the bar of the highest court of the jurisdiction shown below.

Certified Public Accountant – Duly qualified to practice as a certified public accountant in the jurisdiction shown below.

Enrolled Agent – Enrolled as an agent by the Internal Revenue Service per the requirements of IRS Circular 230.

Officer – A bona fide officer of the taxpayer organization.

Full-Time Employee – A full-time employee of the taxpayer.

Family Member – A member of the taxpayer's immediate family.

Tax Return Preparer

Other