



THE CITY OF NEW YORK

TAX APPEALS TRIBUNAL
POWER OF ATTORNEY

Taxpayer's Name:
EIN/SSN:
Address:
Telephone No.:
Email Address:

Hereby makes, constitutes and appoints:

Representative's Name (s):
Address:
Firm Name:
Telephone No.:
Email Address:

As taxpayer's true and lawful attorney(s) to appear and represent taxpayer before the Tax Appeals Tribunal of the City of New York in connection with the following matters:

Table with 2 columns: TYPE OF TAX, YEAR(S)

- With respect to the above specified tax matters, said attorney(s) is (are) hereby authorized to receive confidential information and warrants, examine any and all returns filed by the taxpayers, and perform any and all acts that the taxpayer can perform with full powers of substitution and revocation.
All communications regarding any matter coming within the scope of the authority herein granted are to be sent to:

FILL IN NAME(S) OF NOT MORE THAN TWO OF THE ABOVE-NAMED REPRESENTATIVES

- 1.
2.

ALL PRIOR POWERS OF ATTORNEY ARE HEREBY REVOKED.

SIGNATURE OF THE TAXPAYER

If signed by a corporate officer, fiduciary or general partner on behalf of the taxpayer, I certify that I have authority to execute this power of attorney on behalf of the taxpayer.

Name (Print)

Signature

Title (if applicable)

Date

**INDIVIDUAL ACKNOWLEDGMENT**

TO BE FILLED ONLY IN CONNECTION WITH MATTERS INVOLVING AN INDIVIDUAL OR UNINCORPORATED TAXPAYER

STATE \_\_\_\_\_ SS: \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came \_\_\_\_\_ know to me to be the individual described herein and acknowledged that he/she executed the same.

\_\_\_\_\_  
Signature of Notary Administering Oath

\_\_\_\_\_  
Expiration Date of Appointment

If you have an official stamp or seal, affix it here.

**CORPORATE ACKNOWLEDGMENT**

TO BE FILLED ONLY IN CONNECTION WITH MATTERS INVOLVING AN INCORPORATED TAXPAYER

STATE \_\_\_\_\_ SS: \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ before me personally came \_\_\_\_\_ known to me, who being duly sworn, deposes and says that he/she resides in \_\_\_\_\_; that he/she is the \_\_\_\_\_ Of \_\_\_\_\_, the corporation described in and which executed this Power of Attorney; and that he/she signed his/her name thereto by order of the board of directors of the corporation.

\_\_\_\_\_  
Signature of Notary Administering Oath

\_\_\_\_\_  
Expiration Date of Appointment

If you have an official stamp or seal, affix it here.

**NOTICE OF APPEARANCE**

I agree to represent the above-named taxpayer in accordance with the terms of the Power of Attorney set forth above and I certify that I am a(n):

Attorney-at-Law     Certified Public Accountant     Public Accountant     Enrolled Agent     Other \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Attorney-at-Law     Certified Public Accountant     Public Accountant     Enrolled Agent     Other \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Attorney-at-Law     Certified Public Accountant     Public Accountant     Enrolled Agent     Other \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**