

Taxpayer name(s) and addresses				Social Security/Account number		
				Email address		
The taxpayer(s) name (attach additional sheet	d above hereby appoint the follows if necessary)	wing repre	esentative(s)	) as attorney(s)-i	n-fact	
Name and address			Telephone number		Fax number	
			Email address	s		
Name and address			Telephone number		Fax number	
			Email address	s		
Name and address			Telephone number		Fax number	
			Email address			
Tax matters to be rep	resented for the taxpayer(s) before	re the Utah	State Tax (	Commission		
Type of tax	Social Security/Account number	Year or period		Appeal num	Appeal number if known	
Type of tax	Social Security/Account number	Year or p	eriod	Appeal num	Appeal number if known	
Type of tax	Social Security/Account number	Year or p	eriod	Appeal number if known		
perform any and all act adjudicative proceeding	n writing, my representative is authors on my behalf to facilitate audits, to gs before the Commission. The authoresentative or the authority to disc	o negotiate nority does	or enter agre	eements, and to a he power to recei	act as my representative in ve refund checks, the power	
	of prior power(s) of attorney. The ll earlier power(s) of attorney on file his document.					
Check the box if y	ou do not want to revoke a prior pov	wer of attor	ney.			
Signature of taxpayer(s)					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 of tax representative(s)		Title	Title		Date	