



Department of Taxation and Finance  
**Power of Attorney**

**POA-1**

10/18 V21

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For estate tax matters, use Form ET-14, *Estate Tax Power of Attorney*. Filing Form POA-1 **does not automatically revoke** any previously filed powers of attorney (POAs), but may affect who receives mailings.

Taxpayer's name <b>JANE DOE</b>	Taxpayer's identification number <b>XXX-XX-0123</b>
Spouse's name <i>(if you filed a joint income tax return and both spouses are appointing the same representative)</i>	Spouse's SSN
Mailing address <b>123 CHURCH ST, ALBANY, NY 12202-1946, US</b>	

☐ I have other POAs on file for the specific matters identified below and want to revoke all of these other POAs

**Representative information**

**Number of representatives: 1**

1. Representative: <b>John Smith</b>		Telephone number	
Firm name <i>(if any)</i> : <b>Tax Summit 2018</b>		<b>(518)555-1234 ext:</b>	
Mailing address <b>1 OLS Way, Albany, NY 12227, US</b>			
Email address	Title or profession <b>NYS CPA</b>	PTIN, SSN, or EIN <b>11-5373410</b>	NYTPRIN <i>(if applicable)</i>

Name of representative to receive copies of notices and other communications related to the matters authorized in the *Authority granted* section below:

**John Smith**

**Authority granted**

The taxpayers named above appoint the individual representatives named on this POA to act with **full authority** to receive confidential information and to perform **any and all acts** the taxpayers can perform, unless limited below, in connection with the following matters.

<b>Authority</b>	
Personal income tax	Tax periods: 01/01/2017-12/31/2017

This POA is for:

- ☐ An Offer in Compromise (OIC) case
- ☐ A Bureau of Conciliation and Mediation Services (BCMS) case or Division of Tax Appeals (DTA) case
- ☐ I want to limit the authority granted by this POA as follows *(explain)*:

I authorize the representatives to do the following:

- ☒ Sign tax returns (including refund/credit applications) on my behalf
- ☐ Delegate his/her/their authority to another individual

Limitation:

**Taxpayer signature** *sign (below)* **Handwritten signatures required. Stamped or electronic signatures will not be accepted.**

I certify, under penalty of perjury, that I am the taxpayer named above, or a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary acting on behalf of the taxpayer, and that I have the authority to execute this POA.

Signature	Print or type name <i>(and title, if applicable)</i>	Date
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If not signed and dated, this POA will not be processed. Other handwritten changes will be ignored.