

POWER OF ATTORNEY

For Department Administered Tax Matters

1. Taxpayer Information and Identification. Taxpayers <i>must</i> sign on reverse side.		
Taxpayer Name(s) and address (include any trade name or DBA)	Daytime Phone Number ()	
	Social Security Number for Individual	
	Second Social Security Number (if using jointly) or	
	Colorado Tax ID Number(s)	
2. Representative(s). Representative(s) <i>must</i> sign on reverse side. <i>Hereby appoint(s) the following representative(s) as attorney(s)-in-fact</i>		
A. Name(s) and address Sabrina Martinez C/O ATS 9841 Airport Blvd suite 670 Los Angeles CA 90041	Phone Number (818) 638-6985	
	Fax Number (818) 638-7597	
	Attorney Reg Number or FEIN (if applicable) 03079073	
B. Name(s) and address 9841 Airport Blvd Suite 670 Los Angeles CA 90045	Phone Number ()	
	Fax Number (818) 638-7597	
	Attorney Reg Number or FEIN (if applicable)	
3. Tax matters approved for representation:		
<input type="checkbox"/> State Sales Tax	<input type="checkbox"/> All Department Administered Sales Taxes	Period From _____ To _____
<input type="checkbox"/> State Consumers Use Tax	<input type="checkbox"/> All Dept. Administered Consumers Use Taxes	Period From _____ To _____
<input type="checkbox"/> Individual Income Tax <input type="checkbox"/> Corporate Income Tax <input type="checkbox"/> other (specify _____)	Period From _____ To _____	
<input type="checkbox"/> Wage Withholding	Period From _____ To _____	
<input type="checkbox"/> Other Tax (specify _____)	Period From _____ To _____	
<input type="checkbox"/> All Taxes within the scope of 39-21-102, C.R.S.	Period From _____ To _____	
4. Acts Authorized - The representatives are authorized to receive and inspect confidential tax information and records and to perform any and all acts that the taxpayer named above can perform with respect to the tax matters described in number 3, for example, the authority to sign and bind the taxpayer above to agreements, consents, or other documents. The authority does not include the power to receive refund checks or the deleted acts specifically addressed below.		
5. Added or Deleted Acts - List any specific additions or deletions to the acts otherwise authorized in this power of attorney: 		

6. 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 Colorado Department of Revenue for the same tax matters and periods covered by this document. If you do not want to revoke a prior power of attorney, check here ☐
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7. Signature of Taxpayer(s) - If this form is not signed, dated and titled (if applicable), it is invalid. If tax matters concern a joint return, both parties must sign for joint representation. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, estate administrator or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Signature	Date
Print Name	Title
Signature	Date
Print Name	Title

8. Declaration of Representative - I am authorized to represent the taxpayer(s) identified in number 1 for the tax matter(s) specified.

Signature	Date	Title
-----------	------	-------

I represent the taxpayer(s) identified in number 1. as:

- | | |
|---|---|
| <input type="checkbox"/> CO attorney, Reg # | <input type="checkbox"/> attorney registered in _____ |
| <input type="checkbox"/> CO licensed CPA | <input type="checkbox"/> CPA licensed in _____ |
| <input type="checkbox"/> full time employee of the taxpayer | <input type="checkbox"/> enrolled agent _____ |
| <input type="checkbox"/> other, explain _____ | |

Signature	Date	Title
-----------	------	-------

I represent the taxpayer(s) identified in number 1. as:

- | | |
|---|---|
| <input type="checkbox"/> CO attorney, Reg # | <input type="checkbox"/> attorney registered in _____ |
| <input type="checkbox"/> CO licensed CPA | <input type="checkbox"/> CPA licensed in _____ |
| <input type="checkbox"/> full time employee of the taxpayer | <input type="checkbox"/> enrolled agent _____ |
| <input type="checkbox"/> Other, explain _____ | |

Processing will be faster if addressed to a specific section of the Department, and if you can, attach copies of documentation of the issue in dispute, such as a Refund Claim, Notice of Deficiency, Notice of Refund Denial, Federal Revenue Agents Report, etc. Where the address does not specify a section, this form will be directed to Taxpayer Service, 1375 Sherman St., Denver, CO 80261.