

**CITY OF IONIA INCOME TAX DEPARTMENT
Power of Attorney Authorization**

Issued under Authority of the Uniform City Income Tax Ordinance (MCL 141.601 et seq.) Filing is voluntary. Complete this form if you wish to appoint someone to represent you to the Income Tax Department on income tax matters, or if you wish to revoke or change your current power of attorney authorization. Read the instructions on page 2 before completing this form.

PART 1: TAXPAYER INFORMATION			
Taxpayer's (first name, initial, last name or business name)			Taxpayer SSN/FEIN
If joint return spouse's first name, initial, last name			Spouse SSN
Current address (number and street)		Apt./Ste. no.	If a business, enter DBA, trade or assumed name
Address line 2			Telephone number
			Fax number
City, town or post office	State	Zip code	E-mail address
Foreign country name, province/county, postal code			

PART 2: REPRESENTATIVE INFORMATION AND AUTHORIZATION DATES			
Representative's name		Contact's name (if applicable)	Contact's name (if applicable)
Firm name		E-mail address	E-mail address
Address (number and street)		Apt./Ste. no.	Telephone number
			Telephone number
Address line 2		Fax number	Fax number
City, town or post office	State	Zip code	Beginning authorization date (MM/DD/YY)
			Ending authorization date (MM/DD/YY)*
Foreign country name, province/county, postal code			

PART 3: TYPE OF AUTHORIZATION			
<input type="checkbox"/> GENERAL AUTHORIZATION Authorizes my representative to: (1) inspect or receive confidential information; (2) represent me and make oral or written presentations of fact and argument; (3) sign returns; (4) enter into agreements; (5) receive mail including forms, billings and payment notices. This authorization applies to all tax matters for all tax years or periods.			
<input type="checkbox"/> LIMITED AUTHORIZATION Select the type of authorization by checking the appropriate boxes.			
		All Tax Matters	Only as Specified Below
1. Inspect or receive confidential information _____		<input type="checkbox"/>	<input type="checkbox"/>
2. Represent me and make oral or written presentations of fact and argument _____		<input type="checkbox"/>	<input type="checkbox"/>
3. Sign returns _____		<input type="checkbox"/>	<input type="checkbox"/>
4. Enter into agreements _____		<input type="checkbox"/>	<input type="checkbox"/>
5. Receive mail (includes forms, billings and payment notices) _____		<input type="checkbox"/>	<input type="checkbox"/>
Type of Income Tax	Tax Form or Assessment Number	Tax Year(s) or Period(s)	

PART 4: CHANGE IN POWER OF ATTORNEY REPRESENTATION OR REVOCATION
<input type="checkbox"/> CHANGE IN POWER OF ATTORNEY REPRESENTATION: This form replaces all earlier powers of attorney, except those attached, on file for the same tax matters and years or periods covered by this Power of Attorney.
<input type="checkbox"/> REVOKE PREVIOUS AUTHORIZATION: I revoke all Powers of Attorney submitted and will represent myself in all tax matters. Attach copies of all Powers of Attorney that remain in effect concurrent with this new authorization.

PART 5: TAXPAYER SIGNATURE(S)		
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.		
Signature	Name or title typed or printed	Date
Spouse's signature	Name or title typed or printed	Date

* If no Ending Authorization date is provided, the above-named representative will be authorized to represent you until you notify the Income Tax Department in writing that this Power of Attorney is revoked.