

St. John the Baptist Parish
Tax Office
Power of Attorney and Declaration of Representative

PART I. POWER OF ATTORNEY

PLEASE TYPE OR PRINT

Taxpayer(s) must sign and date this form on page 2.

Your Name or Entity Name		Corporate Officer, Partner or Fiduciary		
Street Address		City	State	Zip
St. John ID Number	Federal ID Number	Telephone Number	Fax Number	E-mail Address

I/we appoint the following representative as my/our true and lawful agent and attorney-in-fact to represent me/us before the St. John the Baptist Parish Tax Office. The representative is authorized to receive and inspect confidential information concerning my/our tax matters, and to perform any and all acts that I/we can perform with respect to my/our tax matters, unless noted below. **Modes of communication for requesting and receiving information may include telephone, e-mail, or fax. The authority does not include the power to receive refund checks, the power to substitute another representative, the power to add additional representatives, or the power to execute a request for disclosure of tax returns or return information to a third party.**

Representative must sign and date this form on page 2, Part II.

Name				
Firm		Street Address		
City/State/Zip		Telephone Number		
Fax Number		E-mail Address		

Acts Authorized. Mark only the boxes that apply. By marking the boxes, you authorize the representative to perform any and all acts on your behalf, including the authority to sign tax returns, with respect only to the indicated tax matters:

Tax Year(s) or Period(s)	Tax Year(s) or Period(s)
<input type="checkbox"/> Sales/Use Tax 	<input type="checkbox"/> Occupational License Tax

DELETIONS. Mark or list any specific deletions to the acts otherwise authorized in this power of attorney.

- | | |
|--|---|
| Sign the return(s) for the above tax matters. | Execute an agreement to suspend prescription of tax. |
| File a protest to a proposed assessment. | Execute offers in compromise or settlements of tax liability. |
| Represent the taxpayer before in any proceeding, including protest hearings. | Obtain a private letter ruling on behalf of the taxpayer. |

Other prohibited acts. (List prohibited acts.)

NOTICES AND COMMUNICATIONS. Original notices and other written communications will be sent only to you. Your representative may request and receive information by telephone, e-mail or fax. Upon request, the representative may be provided with a copy of a notice or communication sent to you. If you do not want the representative to request and receive a copy of notices and communications sent to you, **check this box.**

REVOCAION OF PRIOR POWER(S) OF ATTORNEY. The filing of this Power of Attorney automatically revokes all earlier Power(s) of Attorney on file for the same tax matters and years or periods covered by this document.

Signature of Taxpayer(s). If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED, IT WILL BE RETURNED.

Taxpayer signature

Date

Signature of duly authorized representative, if the taxpayer is a corporation, partnership, executor or administrator

Title

Date

PART II. DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service.
- I am authorized to represent the taxpayer(s) identified in Part I for the tax matters specified there; and
- I am one of the following: **(insert applicable letter in table below)**

- a. Attorney—a member in good standing of the highest court of the jurisdiction shown below.
- b. Certified Public Accountant—duly qualified to practice as a certified public accountant in the jurisdiction shown below.
- c. Enrolled Agent—a person enrolled to practice before the Internal Revenue Service.
- d. Officer—a bona fide officer of the taxpayer organization.
- e. Employee—an employee of the taxpayer.
- f. Family Member—a member of the taxpayer's immediate family (state the relationship, i.e., spouse, parent, child, brother, or sister).

g. Other (state the relationship, i.e., bookkeeper or friend)

h. Former St. John the Baptist Parish Sales/Use Tax Office Employee. As a representative, I cannot accept representation in a matter with which I had direct involvement while I was a public employee.

IF THIS DECLARATION OF REPRESENTATIVE IS NOT SIGNED AND DATED, THE POWER OF ATTORNEY WILL BE RETURNED.

Designation-Insert
Above Letter (a-h)

State Issuing License

State License Number

Signature

Date

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