

## Declaration of Tax Representative

Taxpayer Information	
Name	
Address	
City, State and Zip code	
Social Security Number/FEIN	

Tax Representative Information	
Name	
Please select applicable representative type:	<input type="checkbox"/> Attorney <input type="checkbox"/> CPA <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Tax Practitioner <input type="checkbox"/> Other (describe): _____
Address	
City, State and Zip code	
Phone Number	
Fax Number	
E-mail Address	

Authorization
<p>The taxpayer identified above authorizes the tax representative identified above to represent the taxpayer before the City of Kettering Tax Division (Tax Division.) This authorization includes the authority to view and receive copies of documents in the taxpayer's file including, without limitation, returns (and accompanying documents) filed by the taxpayer, request alternative methods of taxation, present evidence or legal arguments to any employee of the Tax Division, raise objections to audit findings or assessments, file petitions or applications, and waive statutes of limitations.</p> <p>This authorization does not authorize the tax representative to sign any form or declaration where the Ohio Revised Code or City ordinance specifically requires the taxpayer's signature. <b>The taxpayer understands that the acts of the tax representative may increase or decrease the taxpayer's tax liabilities and legal rights. The taxpayer must indicate any restrictions to this authorization below. This Declaration of Tax Representative shall remain in force until revoked in writing.</b></p> <p>I certify, under penalties of perjury, that I am the taxpayer or that I am the corporate officer, LLC member, general partner, guardian, tax manager or similar employee authorized to act on tax matters, executor, receiver administrator or trustee on behalf of the taxpayer and that I have the authority to execute this form on behalf of the taxpayer. <b>If this form is not properly completed, this Declaration of Tax Representative will not be processed.</b></p> <p>Signature _____ Date _____  Name (print) _____ Title _____  Phone Number _____ Fax Number _____</p>

Restrictions
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