City of Columbus
Income Tax Division
Power of Attorney

KNOW ALL MEN BY THESE PRESENT:

That I, _____ of _____ County of _____,
Name of Grantor Address County

State of _____, have made, constituted and appointed, and by this document, do hereby appoint
State

_____ of _____ County of _____, State
Name of Grantee Address County

of _____, (_____)_____, my true and lawful attorney in fact, for me and in my name
State Phone Number

and stead. I hereby grant unto my said attorney full power and authority to do and perform any and every act and thing that I might or could do, if personally present. I hereby ratify and confirm all that my said attorney shall lawfully do or cause to be done by virtue of this **POWER OF ATTORNEY**.

This **POWER OF ATTORNEY** is limited for use at the City of Columbus, Income Tax Division. I understand that the grantee may be permitted to view my tax record, including filings and income received, and I further understand that the grantee may sign agreements and or admit liability on my behalf. Only the person named in the **POWER OF ATTORNEY,** after proper identification, shall have the authority given by this document.

IN WITNESS WHEREOF, I have hereto set my hand this _____ day of _____, _____.
Day Month Year

PRINT RESET FORM

_____
Name of Grantor

Be it remembered that the above-named person personally appeared before me, a (notary / attorney) in and for said County, and acknowledged that (he / she) did sign the foregoing instrument and that the same is (his / her) voluntary act and deed. In witness whereof, I have subscribed my name and official seal, this _____ day
Day

of _____, _____.
Month Year

_____
Signature of Notary Public