

## **Declaration of Tax Representative**

Business name	Taxpayer's name		
City	Business name		
FEIN or Social Security number  (Only use Social Security number if requesting individual income tax representative or if business. does not have a FEIN.)    Representative is name and firm	Address		
Representative Information    Representative Information    Representative's name and firm    Address    City	City	State	ZIP code
Representative Information    Representative Information    Representative's name and firm    Address    City			
Representative's name and firm			ax representative or if business does not have a FEIN.)
Address	Representative Information		
City	Representative's name and firm		
Telephone number	Address		
E-mail address    Authorized Signature  The taxpayer identified above authorizes the representative identified above to represent the taxpayer before the Department of Taxation. This authorization includes the authority to view and receive copies of returns, reports or other documents filed by the taxpayer or prepared by the Department of Taxation concerning the business, property or transactions of the taxpayer, request alternative methods of taxation, present evidence or legal arguments to any employee of the Department of Taxation, raise objections to audit findings or assessments, file petitions or applications and waive statutes of limitation. This authorization does not authorize the tax representative to sign any form or declaration where the Ohio Revised Code specifically requires that the form or declaration be signed by the taxpayer. The taxpayer understands that the acts of the authorized representative may increase or decrease the taxpayer's tax liabilities and legal rights. The taxpayer must indicate all restrictions, if any, to this authorization in the space below.    I certify, under penalties of perjury, that I am the taxpayer or that I am a corporate officer, LLC member, general partner, guardian, tax manager or similar employee authorize to act on tax matters, executor, neceiver, administrator or trustee on behalf of the taxpayer and that I have the authoriz weich this form on behalf of the taxpayer. If this form is not properly completed, this Declaration of Tax Representative will not be processed.    Signature  Date    Name (print)  Title    Telephone number  Fax number    Fax number  Fax number    The following restrictions are placed on this Declaration of Tax Representative:	City	State	ZIP code
Authorized Signature  The taxpayer identified above authorizes the representative identified above to represent the taxpayer before the Department of Taxation. This authorization includes the authority to view and receive copies of returns, reports or other documents filed by the taxpayer or prepared by the Department of Taxation concerning the business, property or transactions of the taxpayer, request alternative methods of taxation, present evidence or legal arguments to any employee of the Department of Taxation. This authorization does not authorize the tax representative to sign any form or declaration where the Ohio Revised Code specifically requires that the form or declaration be signed by the taxpayer. The taxpayer understands that the acts of the authorized representative may increase or decrease the taxpayer's tax liabilities and legal rights. The taxpayer must indicate all restrictions, if any, to this authorization in the space below.    I certify, under penalties of perjury, that I am the taxpayer or that I am a 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 authorize will not be processed.    Signature  Date    Name (print)  Title    Telephone number  Fax number    Restrictions to this Declaration  The following restrictions are placed on this Declaration of Tax Representative:    Expiration Date  This declaration is valid until  If no expiration date is given, this declaration will	Telephone number	Fax number	
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Send this declaration to: Ohio Department of Taxation, Compliance Division - TBOR 1, P.O. Box 1090, Columbus, OH 43216-1090, or fax to (614) 387-1847. (Use same address to revoke declaration.)