Taxpayer name(s) and addresses				Social Security/Account number		
The taxpayer(s) named above hereby appoint the following representative(s) as attorney(s)-in-fact (attach additional sheets if necessary)						
Name and address			Telephone number			
			Fax number			
			Telephone number			
			Fax number			
Name and address			Telephone number			
			Fax number			
			Fax number			
Tax matters to be represented for the taxpayer(s) before the Utah State Tax Commission						
Type of tax Social Security/Account number		Year or p	eriod Appeal number if k		Appeal number if kno	own
Type of tax	Social Security/Account number	Year or period		Appeal number if known		
Type of tax	Social Security/Account number	Year or p	Year or period		Appeal number if known	
Subject to revocation in writing, my representative is authorized to receive, inspect or review confidential tax information and to perform any and all acts on my behalf to facilitate audits, to negotiate or enter agreements, and to act as my representative in adjudicative proceedings before the Commission. The authority does not include the power to receive refund checks, the power to substitute another representative or the authority to disclose confidential tax information to other parties.						
	f prior power(s) of attorney. The earlier power(s) of attorney on file s document.					
Check the box if you do not want to revoke a prior power of attorney.						
Signature of taxpayer(s)						Date
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 on behalf of the taxpayer.						
Signature of tax representative(s)		Title	Title			Date