

POWER OF ATTORNEY

(Please ***TYPE*** or ***PRINT***)

Taxpayer(s) Name(s)

Social Security/Federal Employer Identification Number(s)

Permit Number(s)

Address

City

State

Zip Code

Hereby appoints:

Name

Telephone Number

Address

City

State

Zip Code

Name

Telephone Number

Address

City

State

Zip Code

Note: If you appoint an organization, firm or partnership, you must also name an individual within the organization to act on your behalf.

as attorney(s)-in-fact to represent taxpayer before the Oklahoma Tax Commission and/or acquire any tax form(s) and/or documents that taxpayer would be entitled to receive.

Type of Tax
(Income, Sales, Etc.)

State Tax Form Number or
Description of Tax Document

Year(s) or Period(s)
(Date of death if Estate Tax)

The attorney(s)-in-fact (or either of them) are authorized, until written revocation is received, to represent the taxpayer before the Oklahoma Tax Commission and receive confidential information and to acquire any and all tax form(s) and/or documents that the principal(s) can receive with respect to the above specified matter(s) unless exceptions are noted below:

Signature of or for taxpayer(s)

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

Title (if applicable)

Date

Type or print your name below if signing for a taxpayer who is not an individual.

Name

Title (if applicable)

Date