

ATTACHMENT TO NYC DEPARTMENT OF FINANCE POA-1

2. **Representative information** (special conditions may apply; see instructions)

Additional individual representative name		Firm name (if any)	Telephone number	
Mailing address (number and street with apartment or suite number, or PO Box)			City	State
				ZIP Code
Country (if not United States)			Email address	
Title or profession (see instructions)		PTIN, SSN, or EIN	NYTPRIN (if applicable)	
Additional individual representative name		Firm name (if any)	Telephone number	
Mailing address (number and street with apartment or suite number, or PO Box)			City	State
				ZIP Code
Country (if not United States)			Email address	
Title or profession (see instructions)		PTIN, SSN, or EIN	NYTPRIN (if applicable)	
Additional individual representative name		Firm name (if any)	Telephone number	
Mailing address (number and street with apartment or suite number, or PO Box)			City	State
				ZIP Code
Country (if not United States)			Email address	
Title or profession (see instructions)		PTIN, SSN, or EIN	NYTPRIN (if applicable)	

5. Taxpayer signature

I certify, under penalty of perjury, that I am the taxpayer named in Section 1, or a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary acting on behalf of the taxpayer, and that I have the authority to execute this POA.

Signature _____ Print or type name (and title, if applicable) _____ Date _____ Telephone Number _____

Spouse's Signature _____ Print or type name (and title, if applicable) _____ Date _____ Telephone Number _____