City of Scottsdale
Tax Audit Section
Power of Attorney

Mail To: City of Scottsdale, Tax Audit Section
7447 E. Indian School Rd. Ste. 230
Scottsdale AZ 85251
Fax: (480) 312-4802

1. Taxpayer Information. Taxpayer(s) must sign and date this form on line 7.

Taxpayer name(s) _____ Daytime telephone # _____

Address _____ Scottsdale Privilege Tax # _____

City State ZIP Code _____

Hereby appoints the following representative(s) as attorney(s) – in – fact:

2. Representatives

Name _____ ID number _____

Address _____ Telephone # _____

City State ZIP Code _____ Fax # _____

3. Tax Matters: Transaction Privilege & Use Tax Years/Periods:_____

4. Acts Authorized

The representative(s) is/are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described in line 3, for example, the authority to sign any agreements, consents or other documents.

List any specific restrictions to the acts otherwise authorized in this power of attorney:

_____

_____

5. Notice and Communications

Copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above tax matter will be sent to the representative named above.

6. Retention/Revocation of Prior Power(s) of Attorney

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Tax Division for the same tax matters and years or periods covered by this document. If you do not want to revoke a prior power of attorney, check here. ☐

You must attach either (1) a copy of any power of attorney you want to remain in effect or (2) a statement describing such power of attorney.

7. Signature of or for Taxpayer(s)

I hereby certify that the Tax Collector, is authorized to release any and all information in department files concerning the undersigned taxpayer and relieve said Tax Collector, or division representative, of any liability whatsoever for releasing such taxpayer information to the person(s) specified by this power of attorney. If signed by a corporate officer or partner, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer(s).

If this power of attorney is not signed, it will be returned.

_____

(Signature) (Title, if applicable) (Date)

_____

Print Name

_____

(Signature) (Title, if applicable) (Date)

_____

Print Name