Ohio | **Department of Taxation**

P.O. Box 1090
Columbus, OH 43216-1090

Declaration of Tax Representative

Taxpayer's name‗‗

Business name‗‗

Address‗‗

City‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗ State‗‗‗‗‗‗‗‗‗ ZIP code‗‗‗‗‗‗‗‗

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 Information

Representative's name and firm‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗

Address‗‗

City‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗ State‗‗‗‗‗‗‗‗‗ ZIP code‗‗‗‗‗‗‗

Telephone number‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗‗ Fax number‗‗‗‗‗‗‗‗‗‗‗‗‗

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 authorized to act on tax matters, executor, receiver, administrator or trustee on behalf of the taxpayer and that I have the authority to execute 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‗‗‗‗‗‗‗‗‗‗‗‗‗‗

Restrictions to this Declaration   The following restrictions are placed on this *Declaration of Tax Representative*:

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Expiration Date   This declaration is valid until‗‗‗‗‗‗‗‗‗‗‗‗. If no expiration date is given, this declaration will expire one year after the date that it is signed.

| E-mail: TBOR1@tax.state.oh.us | Fax: (206) 888-4377 | *Mail: P.O. Box 1090, Columbus, OH 43216-1090 |

(Use the same method to revoke declaration.)   *Most secure method