

City of Chicago Department of Finance

Power of Attorney and Declaration of Representative

PART I Power of Attorney		
Taxpayer(s) name, identifying number, and address including	ng ZIP code (Please type or print)	
hereby appoints [name(s), address(es), including ZIP code(s), and telephone number(s) of individual(s)]*	
	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
as attarnay(s) in fact to represent the tay naver(s) before any	roffice of the Chicago Deportment of Finance for th	a following toy
as attorney(s)-in-fact to represent the taxpayer(s) before any matter(s). Specify the type(s) of tax and year(s) or period(s).	office of the Chicago Department of Finance for the	e ionowing tax
Type of Tax	Year(s) or Period(s)	
Type of Tax	(-)	
The attorney(s)-in-fact (or either of them) are authorized, su	thiset to revocation, to receive confidential informa	tion and to parform
any and all acts that the principal(s) can perform with respe	ect to the above specified tax matters (excluding the	e power to receive
refund checks, and the power to sign the return, unless spec		
Card and the state of the state		4
Send copies of notices and other written communications ad to:	dressed to the taxpayer(s) in proceedings involving	the above tax matters
1 [] the appointee first named above, or		
2 (names of not more than two of the above na	***************************************	
Initial here →if you are granting the power to receive,	but not to endorse or cash, refund checks for the a	bovetax matters to:
3] the appointee first named above, or 4] (name of one of the above designated appoint	tees)	
This power of attorney revokes all earlier powers of attorne Finance for the same tax matters and years or periods cover	y and tax information authorizations on file with the ed by this power of attorney, except for the followi	ne Department of ng:
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		••••••
(Consider borner and day and d		
(Specify to whom granted, date, and address including 2	LIP code, or refer to attached copies of earlier powers and authoriz	zations.)
Signature of or for taxpayers(s)		
(If signed by a corporate officer, partner, or fiduciary		the authority to
execute this power of attorney on behalf of the taxpay	er.)	
(Signature)	(Title, if applicable)	(Date)
(Also type or print your name below if signing for a taxpayer who i		(Date)
(Signature)	(Title, if applicable)	(Date)

*You must authorize an organization, firm, or partnership to receive confidential information, but your representative ust be an individual who must complete part II

If the power of attorney is granted to a person other than an attorney or certified public accountant, the taxpayer(s) signature must be witnessed or notarized below. (The representative must complete Part II. Only representatives listed there are recognized to practice before the Chicago Department of Finance.)

	ng as or for the taxpayer(s): ((Check and complete one.) thetwo disinterested witnesses whose signat	ures annear here:
	and signed in the presence of	metro disinterested withesses whose signat	ures appear nere.
		re of Witness)	(Date)
	(Signatuı	re of Witness)	(Date)
appeared this d	lay before a notary public and	acknowledged this power of attorney as a v	oluntary act or deed.
Witnes	ss:		NOTARIAL SEAL
	(Signature of Not		(If required by State Law)
RT II Declaration	of Representative		
4 a member of th 5 Director's speci 6 Certified Public	ial authorization c Accountants.	ily (spouse, parent, child, brother, or si entified in Part I for the tax matters th	
Designation sert appropriate number from above list)	Jurisdiction (State, etc.)	Signature	Date