

## LGL-001 Power of Attorney

### Part I: Taxpayer(s) Giving a Power of Attorney to Another Person

Taxpayer's Name			Social Security Number
Spouse's Name (Personal income tax or individual use tax only)			Social Security Number
Mailing Address			Connecticut Tax Registration Number
City	State	ZIP Code	Federal Employer ID Number

Taxpayer is: (Check box)

Corporation   
  Partnership   
  Sole Proprietorship   
  Trust (other than a business trust)   
  Estate  
 Individual   
  Limited Liability Company   
  Business Trust   
  Other (specify)

### Part II: Declaration of the Person Giving Power of Attorney to the Person(s) Named in Part III

See instructions for who may execute this power of attorney and required documentation. This power of attorney revokes all previous powers of attorney on file with the Department of Revenue Services (DRS) for the same tax matters and years or periods covered by this power of attorney.

**Declaration:** I am the taxpayer identified in Part I, or if I am not the taxpayer identified in Part I, I have been authorized by the taxpayer to execute this power of attorney on behalf of the taxpayer and I am permitted by the instructions on this Form LGL-001 to execute this power of attorney. I declare under penalty of law that I have examined this document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both.

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Signature:   X   \_\_\_\_\_ Date: \_\_\_\_\_

### Part III: Power of Attorney Given To

The taxpayer(s) named above appoints the following individual(s) as attorney(s)-in-fact to represent the taxpayer(s) before DRS for the following tax matters. Specify all tax types and periods affected. Use the date of death for succession and estate taxes.

Name	Address	Telephone Number
Type of Tax (Corporation Business Tax, Admissions Tax, etc.)		Year(s) or Period(s)

### Part IV: Powers Given

Any of the attorney(s)-in-fact are authorized, subject to revocation, to receive confidential information and to perform on behalf of the taxpayer(s) the following acts for the tax matters described above. The authority does not include the power to sign certain returns unless specifically stated below.

<b>Check the boxes for the powers given:</b>	<b>Authorized Signature</b>	<b>Spouse's Signature</b>
<input type="checkbox"/> To receive, but not to endorse and collect, checks (made payable to the taxpayer mentioned above) in payment of any refund of Connecticut taxes, penalties, or interest.	_____	_____
<input type="checkbox"/> To execute waivers (including offers of waivers) of restrictions on assessment or collection of deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund.	_____	_____
<input type="checkbox"/> To execute or terminate consents extending the statutory period for assessment or collection of tax.	_____	_____
<input type="checkbox"/> To execute closing agreements under Conn. Gen. Stat. §12-2e.	_____	_____
<input type="checkbox"/> To delegate authority or to substitute another representative.	_____	_____
<input type="checkbox"/> To represent the taxpayer(s) named above before DRS.	X	_____
<input type="checkbox"/> To request tax returns or tax return information. (Must submit with LGL-002.)	_____	_____
<input type="checkbox"/> To sign returns (See instructions.) _____	_____	_____

### Part V: Declaration of Person Receiving Power of Attorney

I declare under penalty of law that I have examined this document (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to DRS is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_