



OKLAHOMA TAX COMMISSION
M.C. CONNORS BUILDING
2501 LINCOLN BOULEVARD
OKLAHOMA CITY, OKLAHOMA 73194

POWER OF ATTORNEY

(Please Type or Print)

Taxpayer(s) Name(s)

Social Security/Federal Employer Identification Number(s) Permit Number(s)

Address City State Zip Code

Hereby appoints:

Name Telephone Number

Address City State Zip Code

Name Telephone Number

Address City State Zip Code

Note: If you appoint an organization, firm or partnership, you must also name an individual within the organization to act on your behalf.

As attorney(s)-in-fact to represent taxpayer before the Oklahoma Tax Commission and/or acquire any tax form(s) and/or documents that taxpayer would be entitled to receive.

Type of Tax (Income, Sales, Etc.)	State Tax Number or Description of Tax Document	Year(s) or Period(s) (Date of death if Estate Tax)

The attorney(s)-in-fact (or either of them) are authorized, until written revocation is received, to represent the taxpayer before the Oklahoma Tax Commission and receive confidential information and to acquire any and all tax form(s) and/or documents that the principal(s) can receive with respect to the above specified matter(s) unless exceptions are noted below:

X _____
Signature of or for taxpayer(s) Date

If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer

Signature Title (if applicable) Date

Type or print your name below if signing for a taxpayer who is not an individual.

Name Title (if applicable) Date