



Tax and Licensing Division
15151 E. Alameda Parkway, Ste. 5700
Aurora, Colorado 80012
303.739.7800 Phone

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POWER OF ATTORNEY
For Tax and Licensing Matters

1. Taxpayer Identification. This form *must* be signed by the Taxpayer.

Taxpayer Legal Name: _____
DBA: _____
SSN or FEIN: _____
Aurora Customer ID: _____
Address: _____
Phone Number: _____

2. Representative(s). This form *must* be signed by all representatives.

Name: _____
Address: _____
Phone Number: _____
Name: _____
Address: _____
Phone Number: _____

3. Tax and Licensing matters approved for representation.

- Sales Tax Use Tax Lodger's Tax
- Occupational Privilege Tax Marijuana Excise Tax Licensing

For all tax filing periods unless otherwise specified: _____

4. Authorization.

In accordance with Sec. 130-66 of the Aurora Tax Code, the representatives are hereby authorized to receive and inspect confidential tax documentation and to perform any and all acts that the taxpayer has authorized on number 3 above. This Power of Attorney includes the authority to sign and bind the taxpayer to agreements, verbal or written consents, or other documents, and to provide books and records as required by Sec. 130-67 of the Aurora Tax Code. The authority does not include receiving refund checks or the deleted acts specified on number 5.

5. Deleted acts.

Provide specific deleted acts in this Power of Attorney.

Deleted: _____

6. Signature of Taxpayer(s).

This form is not valid if it is not signed, dated and titled. If this form is signed by a corporate officer or tax partner or anyone on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

Signature: _____ Date: _____
Print Name: _____ Title: _____
Signature: _____ Date: _____
Print Name: _____ Title: _____

7. Declaration of Representative(s).

I am authorized to represent the taxpayer(s) identified in number 1 for the tax matter(s) specified in number 3.

Signature: _____ Date: _____
Print Name: _____ Title: _____
Signature: _____ Date: _____
Print Name: _____ Title: _____

I represent the taxpayer identified in 1 as:

- CO Licensed CPA Licensed CPA in CO Attorney, Reg#

- _____
 Attorney registered in Full time employee of the Other, explain:
_____ taxpayer _____