



City of Whitehall – Income Tax Division Power of Attorney

Taxpayer(s) Name & Address

Social Security Number/Fed ID Number if Business

Hereby appoint(s) the following to represent the taxpayer(s) before the City of Whitehall Income Tax Division in all matters unless specifically limited as follows:

Representative(s) name, address & telephone number

The representative(s) are authorized to receive and inspect confidential information to perform any and all acts that I (we) can perform with respect to my tax matters with the City of Whitehall. The authority of the above designated representative shall remain in effect until written notice of termination is received by the City of Whitehall, Income Tax Division.

Signature of Taxpayer(s)

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|-------|------|-------|
| <hr/> | Date | <hr/> |
| <hr/> | Date | <hr/> |