



**City of Lorain Income Tax Department
Power of Attorney**

605 West 4th Street
Lorain, Ohio 44052
Phone: 440-204-1002
Fax: 440-204-1006

Taxpayer(s) Name & Address

Social Security Number/ Federal ID Number if Business

Hereby appoint(s) the following to represent the taxpayer(s) before the City of Lorain Income Tax Department 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 and to perform any and all acts that I (we) can perform with respect to my tax matters including but not limited to signing any tax return with the City of Lorain. The authority of the above designated representative shall remain in effect until written notice of termination is received by the City of Lorain Income Tax Department.

Signature of Taxpayer(s)

Date _____

Date _____