



City of Tiffin Income Tax Department Power of Attorney

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 Tiffin 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 Tiffin. The authority of the above designated representative shall remain in effect until written notice of termination is received by the City of Tiffin Income Tax Department.

Signature of Taxpayer(s)

Date _____

Date _____