Clear form

Utah State Tax Commission
210 N 1950 W, SLC, UT 84134 • tax.utah.gov • 801-297-2200 • fax: 801-297-3573

TC-737
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Power of Attorney and Declaration of Representative

1. Taxpayer Information (Provide information for only one taxpayer per form)

Name			Identification number(s)	
Address			Daytime telephone number(s)	Fax number
City	State	ZIP Code	Email address	

2. Representative(s)

I hereby appoint the following representative(s) as attorney(s)-in-fact: (attach additional pages if needed)

Name and address	Telephone:
	Fax number:
	Email:
Name and address	Telephone:
	Fax number:
	Email:

3. Tax matter(s)

This declaration authorizes the representative(s) to receive and inspect my confidential tax information and, to the extent not limited in section 4 below, to perform any acts that I can with respect to the tax matter(s) listed below in this section. This power does not include the power to receive funds, substitute or appoint another representative, or disclose confidential tax information to other parties.

Tax Type	Social Security/Account Number	Year(s) or Period(s)	Appeal Number(s)

4. Acts NOT Authorized (Check only the boxes of those acts for which authority is NOT given)

My representative(s) is NOT authorized to perform the following acts which would otherwise be authorized:

☐ Sign returns ☐ Amend returns ☐ Negotiate agreements ☐ Sign agreements/consents/similar documents

☐ Reallocate payments between tax types/periods ☐ Represent me in adjudicative proceedings before the Commission

☐ Facilitate audits ☐ Other: _____

5. Authorized Signature

Unless you check the box below, filing this power-of-attorney will revoke all earlier power(s)-of-attorney on file with the Tax Commission for the same matters and years/periods covered in this document.

☐ Check this box if you do not wish to revoke all prior power(s)-of-attorney.

Taxpayer signature _____ 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.

Representative signature _____ Title _____ Date _____