



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

Taxpayer(s) Name & Address

SSN# \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Hereby appoint(s) the following to represent the taxpayer(s) before the City of Amherst Income Tax Department in all matter 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 Amherst. The authority of the above designated representative shall remain in effect until written notice of termination is received by the City of Amherst Income Tax Department.

Signature of Taxpayer(s)

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Date \_\_\_\_\_