

Limited Power of Attorney

Purpose – This form satisfies specific statutory requirements for taxpayers to designate agents to represent them before the Texas Comptroller of Public Accounts. See Texas Tax Code Section 111.023. You may use this form to grant authority to an attorney, accountant, or other representative to act on your behalf. If you choose to use this form, provide all the information requested; we will return incomplete forms.

See Form 10-341, Limited Power of Attorney for Crude Oil Production and Natural Gas Production Tax Refunds, for a sample power of attorney to designate an agent to act for you with respect to refunds of crude oil production and natural gas production taxes.

Taxpayer Granting Limited Power of Attorney

| Taxpayer legal name | 11-digit Texas taxpayer number | |
|---------------------|--------------------------------|--|
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Attorney, Accountant, Firm, or Other Representative Appointed to Act on Behalf of the Taxpayer (Agent)

| Agent legal name | | | |
|---|--------------|--|------------------------------|
| Relationship to taxpayer (Attorney, CPA, tax return preparer, etc.) | Contact name | | |
| Street | | | Phone (Area code and number) |
| City, state, and ZIP code Email address | | | |
| Tax/Fee type(s) | | | Period(s)/Report year(s) |

I appoint the named Agent as my true and lawful agent and attorney-in-fact to communicate with the Texas Comptroller of Public Accounts (Comptroller's office) for one or more of the following purposes:

(Check all that apply)

- To communicate with the Comptroller's office for purposes other than those listed below, including requesting and receiving information by telephone, email, fax, mail, private letter rulings, general information letters, or in person.
- To file my claim for refund for the tax/fee types and periods/report years identified, and to provide information as requested by the Comptroller's office.
- To sign and file my documents, including tax/fee reports, applications, and returns.
- To provide information as requested and discuss relevant issues with regard to my tax/fee audit(s), and to accept a notification of sampling procedure for the tax/fee types and periods/report years identified.
- To receive a copy of my Texas Notification of Audit, Refund, and/or Exam Results.
- To file for a redetermination or refund hearing, to accept a notification of the 60-day requirement to obtain records and/or certificates, and to represent me during the contested case proceeding for the tax/fee types and periods/report years identified.
- To enter into a written agreement extending the period of limitation during my audit(s) for the tax/fee types and periods/report years identified.
- To authorize one or more individuals from the firm identified to carry out the authority and duties granted for the tax/fee types and periods/report years identified.

Other:

This limited power of attorney is effective on ________ (Date). My Agent has the power and authority to do and perform every act necessary and proper in the exercise of any of the powers described above, as fully as I could do personally. This includes the right to request and receive confidential information. I acknowledge that use of the named Agent does not relieve me, as the taxpayer or officer, director, or employee of the taxpayer, of my responsibilities when filing accurate reports and returns. I further acknowledge that I am ultimately responsible for the accuracy of any reports or returns filed on my behalf by my Agent.

I understand that the Comptroller's office may act under this limited power of attorney until I revoke it in writing. I understand that revocation of this limited power of attorney is not effective until the Comptroller's office receives written notice. If signing as an officer, director, or employee of the taxpayer, I certify that my duties include administering the taxpayer's rights and responsibilities with the Comptroller's office and that I have authority to execute this limited power of attorney.

| Signature | | |
|---------------|------------------|---------------|
| | Phone (Area code | e and number) |
| | | |
| Email address | | |
| | Email address | |