

Special Power of Attorney for use by Individuals, Businesses, Estates and Trusts

(joint filers must each file a Power of Attorney form)

FORM **PA-1**

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I.F	AXPAYER								
1. Name of Taxpayer (Principal)					2. Social Security Number or				
	Address of Taxpayer	Fed	Federal ID Number or (if applicable) State ID Number						
A	GENT								
3.	Name of Agent	4 . Tele	4. Telephone Number of Agent						
5.	Address of Agent			<u> </u>					
6. The Taxpayer hereby appoints the above-named person as agent for the Taxpayer and authorizes said agent to perform the following acts on behalf of the Taxpayer:									
	(Check all applicable boxes)								
	Receive the Taxpayer's tax returns and information regarding Taxpayer's returns which have been filed with the Department Taxes			Represent the Taxpayer in appeals before the Commissioner of Taxes at a formal hearing if the agent is an attorney or CPA licensed to practice in the State of Vermont.					
	Represent the Taxpayer in discussions and at informal confe	erences		Prepare and file Vermont state tax returns					
	with Vermont Department of Taxes personnel regarding the Taxpayer's tax returns and/or liabilities			Perform any legal act on the Taxpayer's behalf with respect to the taxes and tax periods identified below					
	☐ Negotiate the assessment and payment of tax liabilities		,						
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7.	This power of attorney is effective for the following taxes and tax p	periods:							
8. Special skills or expertise of Agent (i.e., CPA, RPA, Tax Preparer, Attorney-at-Law). If none, write "None".									
9. All prior powers of attorney on file with the Department of Taxes are herby revoked except:									
SI	GNATURE								
10.	Signature of Individual Taxpayer on Line 1				Date				
2	*								
11.	Signature of person authorized to sign for Entity Taxpayer	Date		12. Printed name and	title of person signing POA for Entity Taxpayer				
ATTESTATION OF AGENT									
I hereby attest that:									
I accept appointment as agent for the Taxpayer; I understand may disting under this Dayley of Attenday and under law.									
 I understand my duties under this Power of Attorney and under law; I understand that I am expected to use the skills and expertise identified above on behalf of the Taxpayer. 									
42	Cignature of Agent (negroes on Line 2)				Dete				
13.	Signature of Agent (person on Line 3)		Date						
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