

5. Acts Authorized

The representative(s) is/are authorized to receive and inspect confidential tax information and to perform any and all acts that the taxpayer can perform with respect to the tax matters in question, for example, the authority to sign any agreements, consents, or other documents.

List any specific restrictions to the acts otherwise authorized in this power of attorney: _____

6. Notice and Communications

Send copies of notices and other written communications addressed to the taxpayer(s) in proceedings involving the above tax matter to:

- 1. The representative first named above, or
- 2. Names of not more than two of the above named representative

7. Retention of Prior Power(s) of Attorney

The filing of this supplemental power of attorney is in addition to a valid executed power of attorney with the Department of Revenue and does not revoke any earlier valid power(s) of attorney on file with the Department of Revenue for the same tax matters.

Please attach a copy of any Department of Revenue power of attorney.

8. Signature for Taxpayer(s)

As appointed representative for the taxpayer(s), I hereby certify that the Director of Office of Administrative Hearings, State of Arizona, is authorized to release any and all information in Office files concerning the named taxpayer and relieve said Director, or Office representative, of any liability whatsoever for releasing such taxpayer information to the person(s) named in this supplement power of attorney. I certify that I have the authority to execute this supplemental power of attorney on behalf of the taxpayer(s).

If this power of attorney is not signed, it will be returned.

(Representative Signature)	(Title, if applicable)	Date
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Print Name

(Representative Signature)	(Title, if applicable)	Date
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Print Name

Mail This To: Office of Administrative Hearings, 1400 W Washington, Suite 101, Phoenix AZ 85007.