



# AKRON CITY INCOME TAX POWER OF ATTORNEY

(This form also valid for use with Akron-JEDDs)

Business name & Tax account # \_\_\_\_\_

I, \_\_\_\_\_, hereby grant Power of Attorney to

\_\_\_\_\_ concerning my Akron Akron-JEDD income tax matters. This Power of Attorney will remain in effect until revoked by me, and covers all pertinent tax information unless limited by the specific items listed below.

**I wish to limit this Power of Attorney to the following income tax items or years:**

\_\_\_\_\_

The original of this form, along with original signatures, must be submitted to the tax office. We will not accept fax copies or scanned, emailed copies.

TAXPAYER SIGNATURE TITLE (IF FOR BUSINESS) DATE

SPOUSE SIGNATURE (IF JOINT ACCOUNT) DATE

PREPARER SIGNATURE - REQUIRED TITLE PREPARER PHONE #

PREPARER MAILING ADDRESS CITY STATE ZIP

**TAX OFFICE USE** Approved by \_\_\_\_\_ Date \_\_\_\_\_