

**State of Arizona**  
**Office of Administrative Hearings**  
**Supplemental Power of Attorney**

**Purpose of Form** The Department of Revenue has transferred a contested matter to the Office of Administrative Hearings for a hearing. The Arizona statutes require written authorization before the Office of Administrative Hearings can disclose confidential tax information to a taxpayer's representative. This supplemental power of attorney form must be filled out by the appointed representative and filed with the Office of Administrative Hearings in order that the Office may deal with the appointed representative in the matter(s) transferred to the Office by the Department of Revenue.

**Authority Granted** This supplemental power of Attorney authorizes the individuals named herein to receive and inspect confidential tax information and to perform any and all acts the taxpayer(s) can perform with respect to these matters in dealing with the Office of Administrative Hearings.

1. Taxpayer Information			2. Applicable Identification Number	
Taxpayer name(s)	Daytime telephone number (    )		Arizona transaction privilege tax number	
Address			Federal employer identification number	
City	State	ZIP code	Social security number	

3. Representative(s)	
Name and address _____ _____ _____	ID number _____ Telephone number (    ) _____ Fax number (    ) _____
Name and address _____ _____ _____	ID number _____ Telephone number (    ) _____ Fax number (    ) _____

4. Tax Matters					
Tax type	Entity/Type of return				Case Number
Transaction Privilege Tax <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>		Partnership <input type="checkbox"/>		
	Corporation <input type="checkbox"/>	_____ <input type="checkbox"/>			
Use <input type="checkbox"/>	Sole Proprietorship <input type="checkbox"/>		Partnership <input type="checkbox"/>		
	Corporation <input type="checkbox"/>	_____ <input type="checkbox"/>			
Other (Specify Tax Type) <input type="checkbox"/>					

**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 supplemental 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.