City of Columbus Income Tax Division Limited Power of Attorney

BE IT KNOWN: _____, State of _____ County of _____ ____, have made, constituted and appointed, and by this document, do hereby appoint — County of _ State of _____ _, my true and lawful attorney in fact, for me and in my name and stead. I hereby grant unto my said attorney full power and authority to do and perform any and every act and thing that I might or could do, if personally present. I hereby ratify and confirm all that my said attorney shall lawfully do or cause to be done by virtue of this limited POWER OF ATTORNEY. This **POWER OF ATTORNEY** is limited for use at the City of Columbus, Income Tax Division. I understand that the grantee may be permitted to view my tax record, including filings and income received, and I further understand that the grantee may sign agreements and or admit liability on my behalf. Only the person named in the **POWER OF ATTORNEY**, after proper identification, shall have the authority given by this document. **IN WITNESS WHEREOF,** I have hereto set my hand this Year Name of Grantor Be it remembered that the above-named person personally appeared before me, a (notary / attorney) in and for said County, and acknowledged that (he / she) did sign the foregoing instrument and that the same is (his / her) voluntary act and deed. In witness whereof, I have subscribed my name and official seal, this Year

Signature of Notary Public

Rev. 12/1/2021