COOK COUNTY DEPARTMENT OF REVENUE

POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE

PART I- Power of Attorney	
Taxpayer(s) name, identifying number and address including ZII	code (Please type or print)
Hereby appoints [name(s), address(es), including ZIP code(s), ar	nd telephone number(s) of individual(s)]*
·	
As attorney(s)-in fact to represent the taxpayer(s) before any offi matter(s). [Specify the type(s) or tax and year(s) of period(s)].	ice of the Cook County Department of Revenue for the following tax
Type of Tax	Year(s) or Period(s)
1,500,7 1,000	1000(0)
	t to revocation, to receive confidential information and to perform any above specified tax matters (excluding the power to receive refund
checks, and the power to sign the return, unless specifically gran	
Send copies of notices and other written communications addres	sed to the taxpayer(s) in proceedings involving the above tax matters
to: 1 the appointee first named above, or	
2 (names of not more than two of the above named app	pointees)
***************************************	· · · · · · · · · · · · · · · · · · ·
2 the appointed first named above or	but not to endorse or cash, refund checks for the above tax matters to:
4 (name of one of the above designated appointees)	······································
This power of attorney revokes all earlier powers of attorney and Revenue for the same tax matters and years or periods covered by	y this power of attorney, except the following:
(Specify to whom granted a	and address, including ZIP code)
Signature of or for taxpayer(s) (If signed by a corporate officer, partner, or fiduciary on behalf of	of the taxpayer, I certify that I have the authority to execute this power
of attorney on behalf of the taxpayer.)	
(Signature)	(Title, if applicable) (Date)
(Signature) (Also type or print your name below if signing for a taxpayer wh	
Control No. 11 Section No. 11 Section 11 Sec	
(Cionatura)	(Title if applicable) (Date)
(Signature)	(Title, if applicable) (Date)
Von may authorize an organization, firm, or partnership to receive con-	digential information, but your representative must be an

^{*} You may authorize an organization, firm, or partnership to receive confidential information, but your representative must be ar individual who must complete Part II.

If the power of attorney is granted to a person other than an attorney or certified public accountant, the taxpayer(s) signature must be witnessed or notarized below. (The representative must complete Part II. Only representative listed there are recognized to practice before the Cook County Department of Revenue.

(0) () () () () () () () () ()	*
(Signature of Witness)	(Date)

(Signature of Witness) eared this day before a notary public and acknowledged this power of attorney as a volu	(Date)

PART II.- Declaration of Representative

I declare that I am not currently under suspension or disbarment from practice before any court or tribunal, and that I am one of the following:

- 1. a member in good standing of the bar of the highest court of the jurisdiction indicated below:
- 2. a bona fide officer of the taxpayer organization;
- 3. a full-time employee of the taxpayer;
- 4. a member of the taxpayer's immediate family (spouse, parent, childe, brother or sister),
- 5. Director's special authorization;
- 6. Certified Public Accountants,

and that I am authorzied to represent the taxpayer identified in Part I for the tax matters there specified.

Designation (Insert appropriate number from above list)	Jurisdiction (State, etc.)	Signature	Date
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