



# BROOK PARK INCOME TAX POWER OF ATTORNEY

(6161 Engle Rd., Brook Park, Ohio 44142)

hereby grant Power of Attorney to

\_\_\_\_\_  
(PRINT OR TYPE TAXPAYERS NAME)

\_\_\_\_\_  
(PRINT OR TYPE PREPARERS NAME)

concerning my city income tax matters with the City of Brook Park, Ohio. This Power of Attorney will remain in effect until revoked by me, and it 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:

\_\_\_\_\_

**The original of this form, along with original signatures, must be submitted to the tax office.**

\_\_\_\_\_  
Taxpayer Signature

\_\_\_\_\_  
Taxpayer Account Number

\_\_\_\_\_  
Spouse Signature

\_\_\_\_\_  
Taxpayer Account Number

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Preparer's Mailing Address

THE State of Ohio

Tax Office Use

County of \_\_\_\_\_ } ss:

Sworn to before me and signed in my presence at

\_\_\_\_\_, Ohio

This \_\_\_\_\_ Day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Stamp:

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Revoked: