

POWER OF ATTORNEY (continued)

SIGNATURE OF OR FOR TAXPAYER(S)	
I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I (we) have the authority to execute this power of attorney on behalf of the taxpayer(s).	
NAME	TITLE (IF APPLICABLE)
SIGNATURE	DATE
NAME	TITLE (IF APPLICABLE)
SIGNATURE	DATE



CITY OF KANSAS CITY, MISSOURI
FINANCE DEPARTMENT
REVENUE DIVISION

DECLARATION OF REPRESENTATIVE

I declare that I am aware of Regulation 12 CSR 10-41.030 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. duly qualified to practice as a certified public accountant in the jurisdiction indicated below;
3. officer of the taxpayer organization;
4. a full-time employee of the taxpayer;
5. a fiduciary for the taxpayer;
6. enrolled agent;
7. other _____

and that I am authorized to represent the taxpayer identified above for the tax matters there specified.

DESIGNATION (INSERT APPROPRIATE NUMBER FROM ABOVE LIST)	JURISDICTION (STATE, ETC.)	SIGNATURE	DATE

PLEASE SEND COMPLETED FORMS TO:

Revenue Division
414 East 12th Street, 2nd Floor
Kansas City, Missouri 64106

www.kcmo.org