## Who is Giving a Power of Attorney to Another Person?

| Taxpayer's Name      |                              |                 |                                  | Social Security Number   |                               |
|----------------------|------------------------------|-----------------|----------------------------------|--|-------------------------------|
| Spouse's Name        |                              |                 | Social Security Number           |  |                               |
| Street Address       |                              |                 |                                  | CT Tax Registration Num  | ber                           |
| City                 |                              | State           | Zip Code                         | Federal Employer ID Num  | iber                          |
| Taxpayer is:         |                              |                 |                                  |  |                               |
| □ Individual (for an | income or individual use tax | return filed by | y that individual or a joint inc | ome tax return filed by the indiv                              | vidual and his or her spouse) |
| Corporation          | Partnership                  | 🗖 So            | le Proprietorship                | Trust (other than a but  | siness trust)                 |
| Estate               | Business Trust               | 🗖 Lir           | nited Liability Company          | <b>O</b> ther (specify)  |                               |
| To Whom is a P       | ower of Attorney Give        | en?             |                                  |  |                               |
|                      |                              |                 |                                  | n-fact to represent the taxpay and periods affected. Use the d |                               |
| Name                 |                              |                 | Address                          |  | Telephone Number              |
|                      |                              |                 |                                  |  | +                             |

| Type of Tax (Corporation Busi | Year(s) or Period(s) |  |
|-------------------------------|----------------------|--|
|                               |                      |  |
|                               |                      |  |

Any of the attorney(s)-in-fact are authorized, subject to revocation, to receive confidential information and to perform on behalf of the taxpayer(s) the following acts for the tax matters described above.

|      | Check the boxes for the powers granted   | Taxpayer's Signature | Spouse's Signature |
|------|--|----------------------|--------------------|
| 🗖 То | preceive, but not to endorse and collect, checks (made payable to the above mentioned      |                      |                    |
| tax  | xpayer) in payment of any refund of Connecticut taxes, penalties or interest.              |                      |                    |
| 🗖 То | execute waivers (including offers of waivers) of restrictions on assessment or collection  |                      |                    |
| of   | deficiencies in tax and waivers of notice of disallowance of a claim for credit or refund. |                      |                    |
| 🗖 То | execute consents extending the statutory period for assessment or collection of tax.       |                      |                    |
| 🗖 То | execute closing agreements under Conn. Gen. Stat. §12-2e.                                  |                      |                    |
| 🗖 То | delegate authority or to substitute another representative.                                |                      |                    |
| 🗖 То | prepresent the above named taxpayer(s) before any division of DRS.                         |                      |                    |

This power of attorney revokes all earlier powers of attorney on file with DRS for the same tax matters and years or periods covered by this power of attorney, except the following:

(Specify to whom granted and date, or refer to attached copies of earlier powers)

| Name | Date |
|------|------|
|      |      |
|      |      |
|      |      |

## Who May Execute This Power of Attorney?

| • | Any individual, if the request pertains to an income or individual use tax | • A general partner, if the taxpayer is a partnership or a limited |
|---|--|--|
|   | return filed by that individual (or by an individual and his or her spouse | partnership  |
|   | if the request pertains to a joint income tax return)                      | • The administrator or executor, if the taxpayer is an estate      |
| • | A limited liability company (LLC) member, if the taxpayer is an LLC        | • The trustee, if the taxpayer is a trust                          |
|   | that is not managed by managers, or a manager, if the taxpayer is an LLC   | • A principal officer, if the taxpayer is a corporation            |
|   | that is managed by managers  | • The successor, receiver, guarantor or assignee of the taxpayer   |
| • | The sole proprietor, if the taxpayer is a sole proprietorship              | • The authorized representative of any of the above                |

## Declaration

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I hereby declare that if I am not the taxpayer identified above, I have been authorized by that taxpayer to execute this power of attorney on behalf of the taxpayer and I am permitted by the instructions on this form (LGL-001) to execute this power of attorney.

I declare under the penalty of false statement that I have examined this document and that to the best of my knowledge and belief it is true, complete and correct. (The penalty for false statement is imprisonment not to exceed one year or a fine not to exceed two thousnad dollars.)