

## State of California Office of Tax Appeals

OTA Form L-03 (April 2019)

## **POWER OF ATTORNEY FORM**

Complete the information in the s						
Taxpayer's Name(s):			Taxpayer's Mailing Address			
Taxpayer Identification Number(s):		Taxpayer's Telephone Number:		Taxpayer is a(n):		
				Indivi		Partnership
					oration	LLC
				•	(specify)	
Enter below the individual ap	•				_	
	to name additional appointees, you may attach extra sheets.					
Appointee's	Additional Appointee's Information (if applicable)					
Name:			Name:			
Pusinoss Nama (if annlisable	Business Name (if applicable):					
Business Name (if applicable):			business waite (if applicable).			
Mailing Address:			Mailing Address:			
Phone Number:	Email Add	dress:	Phone Number:		Email Address:	
I hereby appoint the above rep		• • •	•	axpayer(s) f	for the durati	on of the appeal
before the Office of Tax Appeal	s for the fol	lowing taxable year	c(s) or period(s):			
Taxable Year(s) or Period(s):						
This Power of Attorney revokes	s all earlier	Power(s) of Attorne	ev on file with the Of	ffice of Tax	Appeals for	the same vears
or periods covered by this form		• •	•			•
following information for your	•		•	•		
Earlier Power of Attorney Name:			Date Earlier Power of Attorney was Established:			
,					J	
I certify I have the legal authori			•			0
POA Declaration will revoke ar	ny previous	ly submitted POA I	Declarations unless of	otherwise ii	ndicated abo	ve.
Name of Taxpayer		Signature		Date		
Name of Taypayar		Signature		Date		
Name of Taxpayer Signature		orginature		Date		
*If a joint tax return is the issue of t			es are required on this	form if joint	representation	n is requested.
		Mail on fav this so	malated form to			

Mail or fax this completed form to:

Office of Tax Appeals P.O. Box 989880 West Sacramento, CA 95798-9880 Fax: (916) 492-2089