Form RD-1061 (Rev. 10/2013)





Georgia Department of Revenue

Power of Attorney and Declaration of Representative (Submit this form through GTC or to the Department Division which is handling your inquiry)

Section 1 Taxpayer Information (Taxpayer(s) must sign and date Section 5 of this form)									
Taxpayer's Name		Taxpayer'	s Identification Number	Daytime Telephone Number					
Spouse's Name (if joint income tax return)		Spouse's	SSN (if applicable)	Daytime Telephone Number					
Mailing Address									
Spouse's Mailing Address (if different from ab	pove)								
Section 2 Representative In	formation (Certain Represen	ntative(s) ma	y complete Section 7 of	this form) Attach schedule if more than 2.					
Name of person given power of attorney			hone Number	Fax Number					
Mailing Address	City	State	ZIP Code	Email Address					
Name of person given power of attorney		Telep	phone Number	Fax Number					
Mailing Address	City	State	ZIP Code	Email Address					
Section 3 Tax Matters									
As attorney(s) -in-fact to represent the tax type(s) of tax and year(s) or period(s) (da									
The attorney(s) -in-fact (or either of them) behalf of the taxpayer(s) the following acts									
To receive, but not to endorse and colle	ect, checks in payment of any	refund of t	ax, penalty or interes	st.					
To execute waivers (and related docum rights of taxpayer(s).	nents) of restrictions on asses	ssment or c	ollection of tax deficie	encies and waivers of any other					
To execute consents extending the state	tutory period for assessment,	collection	or refund of taxes.						
To receive all notices pertaining to thes	e tax matters.								
To represent taxpayer(s) in conference To receive confidential information pert	•		ces of assessment, a	nd to execute claims for refund.					
To delegate authority or to substitute a	nother representative.								
To do all the lawful acts and things what personally present at the doing thereof.		matters in	every respect as tax	payer(s) could do were taxpayer(s)					
Other acts [Specify]:									
Continue 4 Potentian/Pousse	tion of Drion Downson(a)	-£ A44							
	tion of Prior Power(s)								
The filing of this power of attorney auto Revenue for the same matters and yea attorney, attach a signed and dated co	ars or periods covered by this	document.	If you DO NOT want	to revoke a prior power of					

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Section 5 Taxpayer(s) Authorization and Signature(s)

- ▶ The taxpayer(s) named in Section 1 appoints the individual(s) named in Section 2 as attorney(s)-in-fact for the taxpayer(s) concerning the tax matters listed in Section 3.
- ▶ The taxpayer(s) acknowledge that it is their responsibility to keep the representative(s) listed in Section 2 informed of the tax matters involving the Department and that the Department is not able to send copies of correspondence to the representative(s).

This power of attorney is not valid until it is signed and dated. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, fiduciary, or trustee on behalf of the taxpayer, I certfy that I have the authority to execute this form on behalf of the taxpayer. I understand that to willfully prepare or present a document that is fradulent or false is a crime under O.C.G.A. § 48-1-6.

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Signature Pr		Print name	rint name Date		Title (if officer, etc)				
Spouse's signatur	pouse's signature (if joint) Print spouse's name		Date						
Section 6	Witnessing	or Acknow	/ledgment of the	Power of A	ttorney				
public, unless	the appointed repr	esentative(s)	ed by two disinterested is licensed to practice before the	e as an attorne	y-at-law, certified pi	ublic accoun	tant, a registered		
	ssing of power of a		he person(s) signing	as the taxpayer	(s) in Section 5 abo	ve appeared	d before us and		
Signature of Wit	nature of Witness			Signature of Witness					
Name of Witness (type or print)			Name of Witness (type or print)						
Mailing Address of Witness (type or print)			Mailing Address of Witness (type or print)						
City		State	ZIP Code	City		State	ZIP Code		
	•		orney. The person owledged this power	. , .					
(Signature of No	e of Notary) Date					NOTARY SEAL			
• I am authoriz	Declaration as of perjury, I declar ed to represent the ne following (indica	are that: e taxpayer ide	entified in Section 1 fo	or the matter(s)	specified in Section	3 of this for	m; and		
1. An attorr	ney-at-law licensed	to practice in	n and a member in go	ood standing of	the Bar of the jurisd	iction indicat	ted below		
3. Enrolled	·	ctice before t	ed to practice in the junch the junch the Internal Revenue			Circular 230			
Designation –		ı (state) or othe	Bar, license, c registration, or enr		Signatur	e	Date		