Form BT-129
Revised 11-2021

Oklahoma Tax Commission
Oklahoma City, Oklahoma 73194

Power of Attorney

(Please Type or Print.)

Taxpayer Name and Address:	Social Security/Federal Employer Identification Number(s):	
	Daytime Telephone Number:	Permit Number(s):

Hereby appoints:

Representative(s) Name and Address:	Daytime Telephone Number:	Fax Number:
PAYCHEX, INC. TED JORDAN, ATTY-IN-FACT 1175 JOHN STREET WEST HENRIETTA, NY 14586	(585) 336-7600	
Representative(s) Name and Address:	Daytime Telephone Number:	Fax Number:

Note: If you appoint an organization, firm or partnership, you must also name an individual within the organization to act on your behalf.

As attorney(s)-in-fact to represent taxpayer before the Oklahoma Tax Commission (OTC) and/or acquire any tax form(s) and/or documents that taxpayer would be entitled to receive.

Type of Tax (Income, Sales, etc.)	State Tax Number or Description of Tax Document	Year(s) or Period(s) (Date of Death if Estate Tax)
Income		

The attorney(s)-in-fact (or either of them) are authorized, until written revocation is received, to represent the taxpayer before the OTC and receive confidential information and to acquire any and all tax forms and/or documents that the principal(s) can receive with respect to the above specified matter(s) unless exceptions are noted below:

Retention/Revocation of Prior Power(s) of Attorney. The filing of this Power of Attorney automatically revokes all earlier power(s) of attorney on file with the OTC for the same matters and years or periods covered by this document.
If you **do not** want to revoke a prior Power of Attorney, check here ..... ▶ ☐

Attach a copy of any Power of Attorney you want to remain in effect.

Taxpayer(s) Signature and Date. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

Signature _____ Title (If applicable) _____ Date _____

Type or print your name below if signing for a taxpayer who is not an individual.

Name _____ Title (If applicable) _____ Date _____

Declaration of Representative

Under penalties of perjury, by my signature below, I declare that:

- I am authorized to represent the taxpayer identified above for the matter(s) specified there; and
- I am one of the following:
  - ☐ Attorney – A member in good standing of the bar of the highest court of the jurisdiction shown below.
  - ☐ Certified Public Accountant – Duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - ☐ Enrolled Agent – Enrolled as an agent by the Internal Revenue Service per the requirements of IRS Circular 230.
  - ☐ Officer – A bona fide officer of the taxpayer organization.
  - ☐ Full-Time Employee – A full-time employee of the taxpayer.
  - ☐ Family Member – A member of the taxpayer's immediate family.
  - ☐ Tax Return Preparer
  - ☐ Other _____

Signature of Representative _____ Title (If applicable) _____ Date _____