



200145 19999

Colorado Tax Information Authorization or Power of Attorney

1. Taxpayer Information. Taxpayer Name (Last, First or Entity), required* Tax ID Number, required* Phone Number
Spouse Name (Last, First), if applicable Tax ID Number, if applicable Phone Number
Current Mailing Address (if new, mark here: []) City State ZIP Code
2. Acts Authorized. Mark either a) or b), required*
a) TAX INFORMATION AUTHORIZATION. For the tax matters authorized on line 4, I/we hereby appoint the person(s) authorized on line 3 as designee(s) to receive and inspect the taxpayer's confidential tax information from the Colorado Department of Revenue. An individual contact name must be entered on line 3. If a firm or organization is listed on line 3, this authorization will apply to all of its employees, unless this box is marked:
I am appointing only the individual(s) listed on line 3.
OR
b) POWER OF ATTORNEY. For the tax matters authorized on line 4, I/we hereby appoint the person(s) authorized on line 3 as attorney(s)-in-fact to represent the taxpayer before the Colorado Department of Revenue. The individual(s) listed on line 3 may receive and inspect the taxpayer's confidential tax information and may perform the acts that the taxpayer may perform—to include signing returns, other forms, agreements, consents, or similar documents—but to exclude endorsing or otherwise negotiating any check issued by the Department, and substituting or adding another representative.
3. Person(s) Authorized. If applicable, mark here: [] I/we also authorize the person(s) listed on the attached page(s).
Individual Appointee or Contact Name (Last, First), required* Title or Relationship to Taxpayer Phone Number, required*
Jordan, Ted Atty in Fact 585-336-7600
Firm or Organization Name, if applicable Email Address Fax Number
Paychex, Inc.
Mailing Address City State ZIP Code
1175 John Street West Henrietta NY 14586
Individual Appointee or Contact Name (Last, First), if applicable Title or Relationship to Taxpayer Phone Number
Firm or Organization Name, if applicable Email Address Fax Number
Mailing Address City State ZIP Code
4. Tax Matters Authorized. This form is effective for all tax periods and all tax and account types within the scope of section 39-21-102, C.R.S., as in effect on the date of the signature(s) below, unless a specific tax period(s) and/or tax or account type(s) is entered here:
Specific Tax Period (MM/YY - MM/YY) Specific Tax or Account Type Specific Tax Period (MM/YY - MM/YY) Specific Tax or Account Type
5. Revocation or Retention of Prior Forms. This form will automatically revoke and replace any prior form of the same type on file with the Colorado Department of Revenue for the same tax account(s) and period(s), unless this box is marked:
I/we do not want to revoke a prior form of the same type, and a copy of those to remain in effect is attached.
6. Expiration or Revocation of This Form. This form will automatically expire four years after it is signed, unless an earlier or later expiration date (up to 10 years after signing) is entered here:
To revoke or withdraw from a form already submitted, see the instructions.
Expiration Date (MM/DD/YY)
7. Taxpayer Signature. If I sign this form as a corporate officer, partner, guardian, executor, receiver, estate administrator, trustee, or other agent or employee, I affirm under penalty of perjury that I have the legal authority to execute this form on behalf of the taxpayer.
Signatory Name (Last, First), if applicable Taxpayer Signature, required* Date (MM/DD/YY), required*
Title or Relationship to Taxpayer, if applicable Spouse Signature, if applicable Date (MM/DD/YY), if applicable

Required Fields: If any are incomplete, this form is invalid. To resubmit, it must be signed again. See the instructions.

Submission: Submit with a protest or separately, at Colorado.gov/RevenueOnline, or by mail to COLORADO DEPARTMENT OF REVENUE, PO Box 17087, Denver, CO 80217-0087.