



Power of Attorney

Taxable Person

Family Name:	<input type="text"/>
First Name:	<input type="text"/>
Date of Birth:	<input type="text"/>
Address:	<input type="text"/>
Zip Code, Place	<input type="text"/>

The undersigned person authorizes

Family Name:	<input type="text"/>
First Name:	<input type="text"/>
Address:	<input type="text"/>
Zip Code, Place	<input type="text"/>

to represent him in all tax matters before all instances and authorities.

In particular, the authorized representative is authorized to make declarations of any kind, to recognize assessments, to file appeals and complaints, and to conclude settlements.

All correspondence, rulings and decisions concerning tax matters as well as the tax invoices must be sent directly to the authorized representative.

The authorized representative assumes liability for all tax claims of the municipality, canton and federal government and is entitled to receive any tax refunds.

The principal:

The authorized representative:

Date & place _____

Date & place _____

Signature _____

Signature _____