State of Connecticut Department of Revenue Services 450 Columbus Blvd Ste1 Hartford CT 06103-1837

## Limited Power of Attorney LGL-003

Who is Giving a Limited Power of Attorney to Another Pe		id refund checks for a taxpayer.	
Taxpayer's name		Social Security Number	
Spouse's name	Social Security Numb	er	
Street address	CT Tax Registration N	CT Tax Registration Number	
City State ZIP c	ode Federal Employer Ide	Federal Employer Identification Number	
Taxpayer is:  Any individual (for an income or individual use tax return filed by that individual Corporation Partnership Sole Proprietorshi Business Trust Limited Liability	p Trust (other tha	an a business trust)	
To Whom is a Limited Power of Attorney Given?			
The above-named taxpayer hereby appoints the following individual(s) as att notices of assessment, billing statements, credit notices, refund checks (mad taxpayer and that would otherwise be mailed directly to the taxpayer.	orney(s)-in-fact to be mailed blan de payable to the above-named ta	k tax returns, return information, including xpayer), and other items that pertain to the	
Name	Address	Telephone Number	
Type of Tax (Corporation Business Tax, Admissions Tax, etc.)		Year(s) or Period(s)	
Any of the attorney(s)-in-fact are authorized, subject to revocation, to recei to represent the above-named taxpayer before any division of the Departme earlier similar powers on file with DRS for the same tax matter and years of	ent of Revenue Services (DRS).	This limited power of attorney revokes al	
Who May Execute This Limited Power of Attorney?			
• Any individual, if the request pertains to an income or individual use tax return filed by that individual (or by an individual and his or her spouse if the request pertains to a joint income tax return)	• The administrator or executor, if the taxpayer is an estate		
• A limited liability company (LLC) member, if the taxpayer is an LLC	• The trustee, if the taxpayer is		
that is not managed by managers, or a manager, if the taxpayer is an LLC that is managed by managers		cipal officer, if the taxpayer is a corporation accessor, receiver, guarantor or assignee of the taxpayer	
• The sole proprietor, if the taxpayer is a sole proprietorship	• The authorized representative		
Declaration			
I hereby declare that if I am not the taxpayer identified above, I have been a the taxpayer and I am permitted by the instructions on this form (LGL-003			
I understand that I am authorizing DRS to mail blank tax returns, not to the of attorney, and I acknowledge that the taxpayer's duty to file timely tax returns.		at I have appointed in this limited power	
I understand that I am authorizing DRS to mail return information, includir correspondence, not to the taxpayer, but to the person(s) that I have appoin which the taxpayer is permitted to file any petition for reassessment begins have appointed in this limited power of attorney.	ted in this limited power of attorn	ey. I acknowledge that the period within	
I declare under the penalty of false statement that I have examined this doc complete. (The penalty for false statement is imprisonment not to exceed on	ument and, to the best of my knowne year or a fine not to exceed two	wledge and belief it is true, correct and vo thousand dollars.)	
Print your name	Print your title		
		_	
Signature	Date		