



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 persons authorized on line 3 as designees 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 individuals listed on line 3.

OR

- ☐ **b) POWER OF ATTORNEY.** For the tax matters authorized on line 4, I/we hereby appoint the persons authorized on line 3 as attorneys-in-fact to represent the taxpayer before the Colorado Department of Revenue. The individuals 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. Persons Authorized. If applicable, mark here: ☐ I/we also authorize the persons listed on the attached pages.

Individual Appointee or Contact Name (Last, First), required*	Title or Relationship to Taxpayer	Phone Number, required*	
Firm or Organization Name, if applicable	Email Address	Fax Number	
Mailing Address	City	State	ZIP Code
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 signatures below, unless a specific tax period and/or tax or account type is entered here:

Specific Tax Period (MM/YY – MM/YY)	Specific Tax or Account Type	☐ Individual Income Tax	☐ Severance Tax
	☐ Sales & Use Tax	☐ Fiduciary Income Tax	☐ Excise Tax
	☐ Withholding Tax	☐ Corporate/Partnership Income Tax	☐ Other:

5. Revocation or Retention of Prior Forms. This form will automatically revoke and replace any prior form DR 0145 on file with the Department, unless this box is marked:

- ☐ I/we want to retain any prior form DR 0145 on file with the Department.

6. Expiration or Revocation of This Form. This form will automatically expire five years after it is signed. To revoke or withdraw from a form already submitted, see the instructions.**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