

STATE OF TEXAS

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COUNTY OF \_\_\_\_\_

**LIMITED POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENTS that I, \_\_\_\_\_ (Taxpayer)  
of \_\_\_\_\_ (Company name), hereby make, constitute, and appoint  
\_\_\_\_\_ (Taxpayer representative), as my true and lawful attorney in fact for me  
and in my name, place and stead; for the following purposes only:

To seek a refund of Texas \_\_\_\_\_ taxes for the periods of \_\_\_\_\_ through  
\_\_\_\_\_. This includes the right to request and receive any documentation on file with the  
Comptroller of Public Accounts in order to prove my right to a refund, to amend and sign any tax return(s)  
originally filed during these time periods, and to receive any and all information pertaining to my refund  
request. Modes of communication for requesting and receiving information may include telephone, e-mail,  
fax or mail.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Entity (i.e., President, Treasurer)

\_\_\_\_\_  
Taxpayer number

\_\_\_\_\_  
Area code/daytime phone number