New York State Department of Taxation and Finance

Application for an Exempt Organization Certificate Power of Attorney

This Power of Attorney is valid only for appointing a representative to receive oral or written communications in conjunction with the review of your organization's application for an Exempt Organization Certificate by the Sales Tax Exempt Organizations Unit. It may not be used to protest the denial of an application for an Exempt Organization Certificate or to request a hearing before the Division of Tax Appeals on such a denial since your appointed representative may not be a qualified representative for these purposes. Your organization must use Form POA-1 in these instances.

(Please print or type)

Approved Representative	Organization
Name	Name
Street address	Street address
City and state	City and state
ZIP code	ZIP code
Telephone number ( )	State the relationship of the appointed representative to your organization

The organization named above appoints the person named above as its representative for the sole purpose of receiving all oral and written communications and documents in connection with the organization's application for exemption from sales and use taxes under section 1116(a) of the Tax Law. Further, the organization named above revokes all earlier Power of Attorneys on file with the Department of Taxation and Finance with regard to this specific matter.

Name of Officer or Trustee	Title of Officer or Trustee

Signature of Officer or Trustee _____ Date _____

This Power of Attorney must be acknowledged before a notary public or witnessed by two disinterested individuals.

Please check and complete one of the following:

☐ Notarized

The officer or trustee signing this Power of Attorney appeared before me this day and did acknowledge that he is empowered to and did execute the same.

Signature of Notary Public _____ Date _____

(SEAL)

☐ Witnessed

The officer or trustee signing this Power of Attorney appeared before us and certified that he had the authority to execute this Power of Attorney on behalf of the above named organization.

Signature of Witness _____ Date _____

Signature of Witness _____ Date _____