



SUZANNE JOHNSTON, C.F.C.

Flagler County Tax Collector

1769 E. Moody Blvd, Bldg. 2, Ste 102 / P.O. Box 846 / Bunnell, FL 32110

Phone: 386-313-4160 / Fax: 386-313-4161

www.flaglertax.com

Tourist Development Tax Power of Attorney

TAXPAYER

Taxpayers Legal Name	Address
Telephone Number	Flagler County Tourist Tax Number
Federal Taxpayer Identification Number	Florida Sales and Use Tax Registration Number

Representative(s)

Rep Name and Address	Tax Matters (remittance of Tax, Property Management Company, Tax Audits, etc.)
Telephone Number Fax Number Email Address	Year(s) / Period(s)

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Rev. 07/01/2020

Bunnell / Main Office
1769 E Moody Blvd, Bldg. 2, Ste 102
Bunnell, FL 32110

Palm Coast Branch Office
7 Old Kings Road N, Ste 12
Palm Coast, FL 32137

Flagler Beach Branch Office
2525 Moody Blvd
Flagler Beach, FL 32136

Power of Attorney

Flagler County Tourist Development Tax

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Representative(s)

Rep Name and Address	Tax Matters (remittance of Tax, Property Management Company, Tax Audits, etc.)
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Acts Authorized

The representative(s) are authorized to receive and inspect confidential tax information and to perform any and all acts that I (we) can perform with respect to tourist development tax matters. Except as otherwise provided, the authority specifically includes the power to execute waivers of restrictions on assessment or collection of deficiencies in tax, to execute consents extending the statutory period for assessment or claims for refund of taxes, and to execute closing agreements under section 213.21, Florida Statutes. The authority does not include the power to endorse or cash warrants or the power to sign certain returns.

List any specific limitations or deletions to the acts otherwise authorized in the Power of Attorney.

NOTICE OF COMMUNICATION

Notices and other written communications will be sent to the representatives listed in this Power of Attorney.

This Power of Attorney will revoke any Power(s) of Attorney on file with Flagler County Tax Collector Office, Tourist Development.

(Signature of Taxpayer)

(Date)

(Taxpayer's Name Printed)

(Signature of Taxpayer)

(Date)

(Taxpayer's Name Printed)

If signed by a corporate officer, partner, or fiduciary

RESOLUTION

I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

(Signature)

(Date)

(Printed Name and Title)

(Signature)

(Date)

(Printed Name and Title)

CERTIFICATION OF APPOINTEE

I hereby certify that I, _____, am a natural person who is 18 years of age or older and am of sound mind: or, a financial institution, as defined in Chapter 655, F.S., with trust powers, having a place of business in this state and authorize to conduct trust business in this state.

(Signature of Attorney-In-Fact)

(Date)

(Printed Name of Attorney-In-Fact)

DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am familiar with the mandatory standards of conduct governing representation before the Florida Department of Revenue and Flagler County Tax Collector, including Rules 12-6.006 and 28-106.107 of the Florida Administrative Code, as amended;
- I am familiar with the law and facts related to this matter and am qualified to represent the taxpayer(s) in this matter;
- I am authorized to represent the taxpayer(s) identified for tourist development matter(s), and to receive and inspect confidential taxpayer information;
- I am one of the following:
 - a. Attorney – a member in good standing of the bar of the highest court of the jurisdiction shown below.
 - b. Certified Public Accountant – duly qualified to practice as a certified public accountant in the jurisdiction shown below.
 - c. Enrolled Agent – enrolled as an agent pursuant to the requirements of Treasury Department Circular Number 230.
 - d. Former Florida Department of Revenue or Flagler County employee. As a representative, I cannot accept representation in a matter upon which I had direct involvement while I was a public employee.
 - e. Other qualified representative.

I have read the foregoing Declaration of Representative and the facts stated in it are true.

If this Declaration of Representative is not signed and dated, it will not be processed.

Designation – Insert Letter from Above (a-e)	Jurisdiction (state) and Enrollment Card No. (if any)	Signature	Date