LGL-001 Power of Attorney

(Rev. 09/23)	Po	wer of Attorney				
Complete and at	ttach LGL-001 through myc	onneCT at portal.ct.gov/DF	S-myconne	CT . See in	structions.	
Part I: Taxpayer(s) Giving	a Power of Attorney to	Another Person				
Taxpayer's name			Social Security Number			
Spouse's name (personal income ta	ax or individual use tax only)		Social Security	y Number		
Mailing address			Connecticut Tax Registration Number			
City	State	ZIP code	Federal Emplo	yer Identific	cation Number	
	rtnership [nited liability company		ust (other than a ner (specify)	business t	rust) 🗌 Estate	
Part II: Declaration of Pers See instructions for who may execu the Department of Revenue Service	te this power of attorney. This p	ower of attorney revokes all prev	ious powers of		file with	
Any of the attorney(s)-in-fact are au Gen. Stat. § 12-15, and to perform on not include the power to sign certain	on behalf of the taxpayer(s) the t	following acts for the tax matters				
Check the boxes for the powers g	given to:					
Receive, but not to endorse a Connecticut taxes, penalties,		ble to the taxpayer mentioned ab	ove) in payment	t of any refu	und of	
Execute waivers (including of of disallowance of a claim for	,	n assessment or collection of de	ficiencies in tax	and waiver	s of notice	
=	• • •	for assessment or collection of	tax.			
= • •	under Conn. Gen. Stat. § 12-2e.					
Delegate authority or to subs Represent the taxpayer(s) na	•					
Sign returns. (See instructions						
Declaration: I am the taxpayer ide this power of attorney on behalf of the I declare under penalty of law that I my knowledge and belief, it is true, fine of not more than \$5,000, or imp	he taxpayer and I am permitted I have examined this document (complete, and correct. I underst	by the instructions on this Form L including any accompanying sch and the penalty for willfully delive	GL-001 to exect edules and state	cute this pover ements) and	wer of attorney. d, to the best of	
Print name:		Title:				
Signature:		Date:				
Print name (Spouse):						
Signature (Spouse):		Date:				
Part III: Power of Attorney The taxpayer(s) named above apportax returns and return information for understanding that this authority app taxes. Indicate the representative to	pints the following individual(s) a or the following tax matters. Spec plies only to the tax types and pe	cify all tax types and periods affe priods listed below. Enter the date	cted by this pow e of death for su	ver of attorr	ney with the nd estate	
Name	,, , , , , , , , , , , , , , , , , , , ,	Name of Firm & Address	•	k One Box	Telephone Number	

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Federal Employer Identification Number				
Tax Type (Sales Tax, Gift Tax, etc.)		Year(s) or Period(s)		
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