

BATH-AKRON-FAIRLAWN JEDD	<input type="checkbox"/>
COPLEY-AKRON JEDD	<input type="checkbox"/>
COVENTRY-AKRON JEDD	<input type="checkbox"/>
SPRINGFIELD-AKRON JEDD	<input type="checkbox"/>

JEDD INCOME TAX POWER OF ATTORNEY

I _____ hereby grant Power of Attorney to

(PRINT OR TYPE TAXPAYER'S NAME)

(PRINT OR TYPE PREPARER'S NAME)

concerning my city income tax matters with the JEDD indicated above. This Power of Attorney will remain in effect until revoked by me, and it covers all pertinent tax information unless limited by the specific items listed below.

I wish to limit this Power of Attorney to the following income tax items:

The original of this form, along with original signatures, must be submitted to the tax office.

TAXPAYER SIGNATURE	SOC. SEC. #	DATE
SPOUSE SIGNATURE	SOC SEC #	DATE
PREPARER'S SIGNATURE	SOC. SEC. #	PREPARER'S PHONE #

PREPARER'S MAILING ADDRESS

TAX OFFICE USE	Approved by _____	Date _____
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