



Voluntary Disclosure Agreement for Occupational Privilege Tax

This agreement covers the period from _____ to _____.

The signor of this agreement agrees to the following facts and requirements:

1. The Company will pay occupational privilege tax and interest required for any employees working in Denver and meeting the \$500 earnings requirement for voluntary disclosure period noted above.
2. Denver has not contacted the Company regarding any of these taxes. It is the Company's intentions to collect, report, and pay these taxes to the City & County of Denver.
3. The Company agrees to remit the amounts due with the proper returns within 60 days of signing this agreement.
4. The Company shall register with the Division to file subsequent Denver sales, use, and occupational tax returns.

In consideration for the Company's voluntarily coming forward to settle any issues relating to its occupational privilege tax liability, the Treasury Division agrees to accept the following:

1. Denver will not take criminal action against the Company and its directors or officers for the failure to report and remit the required Denver taxes for any period covered by this agreement.
2. With the payment of the delinquent taxes, Denver will waive all penalties relating to the taxes due.
3. The terms of this agreement are based upon the facts represented in this agreement. Should the facts be found to be materially misrepresented, this agreement will be null and void.
4. Nothing in this agreement limits the authority of Denver to audit any of the periods for which delinquent returns are being filed.

In witness of the terms of the agreement, the parties hereunto sign their names for the purpose of validity and lawfully executing this agreement.

City and County of Denver, Treasury Division

Company Name

Signature

Date

Signature

Date

Signor's Printed Name

Signor's Printed Name

Title

Title



MIKE JOHNSTON
Mayor

CITY AND COUNTY OF DENVER

DEPARTMENT OF FINANCE

TREASURY DIVISION
WELLINGTON E. WEBB MUNICIPAL
OFFICE BUILDING
201 WEST COLFAX AVENUE, MC 1001
DEPT. 1009
DENVER, COLORADO 80202

POWER OF ATTORNEY For Division Administered Tax Matters

1. Taxpayer Information and Identification, Taxpayer <i>must</i> sign on page 2.	
Taxpayer Name(s) and Address (include any trade name or DBA)	Daytime Phone Number ()
	Account Number
2. Representative(s). Representative(s) <i>must</i> sign on the reverse side. <i>Hereby appoint(s) the following representative(s) as attorney(s)-in-fact</i>	
A. Name(s) and Address	Phone Number ()
	Fax Number ()
	E-mail
B. Name(s) and Address	Phone Number ()
	Fax Number ()
	E-mail
3. Tax Matters Approved for Representation:	
<input type="checkbox"/> All Division administered taxes	Period From _____ to _____
<input type="checkbox"/> Sales Tax	Period From _____ to _____
<input type="checkbox"/> Use Tax	Period From _____ to _____
<input type="checkbox"/> Business Occupational Privilege Tax	Period From _____ to _____
<input type="checkbox"/> Employee Occupational Privilege Tax	Period From _____ to _____
<input type="checkbox"/> Lodgers Tax	Period From _____ to _____
<input type="checkbox"/> Business Personal Property Tax	Period From _____ to _____
<input type="checkbox"/> Other Tax (specify _____)	Period From _____ to _____
4. Acts Authorized – The representatives are authorized to receive and inspect confidential tax information and records and to perform any and all acts that the taxpayer named above can perform with respect to the tax matters described in number 3, for example, the authority to sign and bind the taxpayer above to agreements, consents, or other documents. The authority does not include the power to receive refund checks or the deleted acts specifically addressed below.	

5. Added or Deleted Acts – List any specific additions or deletions to the acts otherwise in this power of attorney:

6. Retention/Revocation of Prior Power(s) of Attorney – The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the City and County of Denver, Treasury Division for the same tax matters and periods covered by this document. If you do not want to revoke a prior power of attorney check here.....
YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7. Signature of Taxpayer(s) – If this form is not signed, dated, and titled (if applicable), it is invalid. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, estate administrator, or trustee on behalf of the taxpayer, I certify that I have authority to execute this form on behalf of taxpayer.

Signature	Date
Print Name	Title
Signature	Date
Print Name	Title

8. Declaration of Representative – I am authorized to represent the taxpayer(s) identified in number 1 for the tax matter(s) specified.

Signature	Date	Title
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I represent the taxpayer identified in number **1**. as:

<input type="checkbox"/> CO attorney, Reg # _____	<input type="checkbox"/> attorney registered in _____ # _____
<input type="checkbox"/> CO licensed CPA # _____	<input type="checkbox"/> CPA licensed in _____
<input type="checkbox"/> other, explain _____	

Signature	Date	Title
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I represent the taxpayer identified in number **1**. as:

<input type="checkbox"/> CO attorney, Reg # _____	<input type="checkbox"/> attorney registered in _____ # _____
<input type="checkbox"/> CO licensed CPA # _____	<input type="checkbox"/> CPA licensed in _____
<input type="checkbox"/> other, explain _____	

Processing will be faster if addressed to a specific unit or person at the Treasury Division, and if you can, attach copies of the most recent correspondence from the Treasury Division, such as Refund Claim, Notice of Final Determination, Assessment, and Demand for Payment, Refund Denial, Audit Engagement Letter, etc. Where the address does not specify any unit or person, this form should be directed to City and County of Denver, Treasury Division, Tax Compliance, 201 W. Colfax Avenue, MC 1001, Dept. 1009, Denver, Colorado 80202