

STATE OF \_\_\_\_\_ §  
COUNTY OF \_\_\_\_\_ §

**CRUDE OIL AND NATURAL GAS TAX**  
**LIMITED POWER OF ATTORNEY**

KNOW ALL MEN BY THESE PRESENT that I, \_\_\_\_\_ (Taxpayer) of \_\_\_\_\_ (Company name), hereby make, constitute and appoint \_\_\_\_\_ (Taxpayer representative) as my true and lawful attorney in fact for me and in my name, place and stead for the following purposes only:

To seek a refund of Texas Crude Oil and/or Natural Gas taxes for the periods of \_\_\_\_\_ through \_\_\_\_\_. This includes the right to request and receive any documentation on file with the Comptroller of Public Accounts in order to prove my right to a refund, to amend and sign any tax report(s) originally filed during these time periods, to sign transfer forms, and to receive any and all information pertaining to my refund request. Modes of communication for requesting and receiving information may include telephone, e-mail, fax or mail.

Check all that apply:

- Allow to file tax reports and access account data for Crude Oil Tax for the tax periods of \_\_\_\_\_ through \_\_\_\_\_. The date range begins with the signature date indicated below through \_\_\_\_\_.
- Allow to file tax reports and access account data for Natural Gas Tax for the tax periods of \_\_\_\_\_ through \_\_\_\_\_. The date range begins with the signature date indicated below through \_\_\_\_\_.

**This Crude Oil and Natural Gas Tax Limited Power of Attorney is effective no longer than one year from the signature date.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**TAXPAYER REPRESENTATIVE INFORMATION**

**TAXPAYER INFORMATION**

\_\_\_\_\_  
11-digit Texas taxpayer number (if assigned)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Taxpayer representative name (Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
Relationship to entity (i.e., President, Treasurer)

\_\_\_\_\_  
City, State, ZIP code

\_\_\_\_\_  
11-digit Texas taxpayer number

\_\_\_\_\_  
Daytime phone (Area code and number)

\_\_\_\_\_  
Daytime phone (Area code and number)

*You have certain rights under Chapters 552 and 559, Government Code, to review, request, and correct information we have on file about you. To request information for review or to request error correction, contact us at 1-800-531-5441, ext. 3-4455 or 512-463-4455.*