

Schedule P Agent Authorization Form

Please complete this form to authorize the designated Agent to represent the Taxpayer in the tax matters described.

The Taxpayer (e.g. Operator or Declarant) whose name and contact information appears below hereby authorizes the Agent whose name and contact information appears below to represent the Taxpayer before the Department of Taxation of the State of Nevada with respect to the tax matters and reporting periods listed below.

Table with 6 columns: Tax Category, Period(s), Property Identification Number, Property or Mine Name, County, Other Identifier. The table contains 8 empty rows for data entry.

The Agent is authorized to receive and inspect confidential tax information and to perform any and all acts that Taxpayer can perform with respect to the tax matters described above.

The Agent hereby requests that all questions and requests for information pertaining to the tax matter(s) described above be sent to the Agent per the Contact Information below.

Taxpayer Contact Information

Taxpayer Name _____

*Owner, Officer, or Employee of Taxpayer _____

Title of Owner, Officer or Employee of Taxpayer _____

Signature _____

Date _____

*If the Taxpayer is a corporation, limited partnership, limited liability corporation or similar business entity, the Agent Authorization must be signed by an officer or authorized employee of the business entity.

Authorized Agent Contact Information

Authorized Agent _____

Contact Person (if different than Authorized Agent) _____

Mailing Address _____

Phone Number _____

email _____

I hereby accept appointment as the Authorized Agent of the Taxpayer in the tax matters identified above.

Authorized Agent Signature _____

Title _____

Date _____