



Power of Attorney

Read Form POA-1-I, *Instructions for Form POA-1*, before completing. These instructions explain how the information entered on this power of attorney (POA) will be interpreted and the extent of the powers granted.

1. Taxpayer information (Taxpayer(s) must sign and date this form - please print or type.)

Taxpayer's name <i>160 Madison Ave Owners' Corp</i>	Taxpayer's identification number (see instructions) <i>13-3189657</i>		
Spouse's name (if joint tax return)	Spouse's SSN (if applicable)		
Mailing address <i>P.O. Box 71 Tonjes Rd</i>	City <i>Callioon</i>	State <i>NY</i>	ZIP code <i>12723</i>
Spouse's mailing address (if different from above)	City	State	ZIP code

The taxpayer(s) named above appoints the individual(s) named below as the taxpayer's or taxpayers' attorney(s)-in-fact:

2. Representative information (Representative(s) must complete section 8 on page 4 of this form.)

Representative's name <i>Arthur Langer, CPA</i>	Telephone number <i>(516) 702-3002</i>	Fax number <i>(516) 932-0925</i>
Mailing address (include firm name, if any) <i>18 Blanche St.</i>	Representative's NYTPRIN (if applicable)	
City <i>Ptainsview</i>	State <i>NY</i>	ZIP code <i>11803</i>
E-mail address <i>arthur@cpalanger.com</i>		
Representative's name	Telephone number <i>()</i>	Fax number <i>()</i>
Mailing address (include firm name, if any)	Representative's NYTPRIN (if applicable)	
City	State	ZIP code
E-mail address		
Representative's name	Telephone number <i>()</i>	Fax number <i>()</i>
Mailing address (include firm name, if any)	Representative's NYTPRIN (if applicable)	
City	State	ZIP code
E-mail address		

to represent the taxpayer(s) in connection with the following tax matter(s):

3. Tax matter(s) — For estate tax matters, use Form ET-14, *Estate Tax Power of Attorney*, instead of this form.

Type(s) of tax(es) (may enter more than one)	Tax year(s), period(s), or transaction(s)	Notice/assessment/Audit ID number(s)
<i>Any</i>	<i>All</i>	<i>All</i>

with full power to receive confidential information and to perform any and all acts that the taxpayer(s) can perform with respect to the above specified tax matter(s), except for signing tax returns or delegating his/her/their authority (unless specifically authorized; see page 2). If you do not want any of the above representative(s) to have full power as described above, attach a signed and dated explanation and mark an X in this box ➤

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I/We authorize the above representative(s) to sign tax returns for the tax matter(s) indicated above. (If joint return, both taxpayers must sign.)

Your signature <i>Claude Lores</i>	Date 10-15-14	Spouse's signature	Date
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I/We authorize the above representative(s) to delegate his/her/their authority to another. (If joint return, both taxpayers must sign.)

Your signature <i>Claude Lores</i>	Date 10-15-14	Spouse's signature	Date
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4. Retention/revocation of prior power(s) of attorney

This power of attorney (POA) only applies to tax matters administered by the New York State Tax Department, the New York City Department of Finance, or both. Executing and filing this POA revokes all powers of attorney previously executed and filed with an agency for the same tax matter(s) and year(s), period(s) or transaction(s) covered by this document. If there is an existing POA that you do not want revoked, attach a signed and dated copy of each POA you want to remain in effect and mark an X in this box. ►

5. Notices and certain other communications

In those instances where statutory notices and certain other communications involving the tax matter(s) listed on page 1 are sent to a representative, these documents will be sent to the first representative named in section 2. If you do not want notices and certain other communications sent to the first representative, enter the name of the representative designated on page 1 (or on the attached power of attorney previously filed and remaining in effect) that you want to receive notices, etc.

Representative's name: _____

If you do not want notices and certain other communications to go to any representative, enter **None** on the line above.

6. Taxpayer signature

If a joint tax return was filed for New York State, New York City, or both, and both spouses request the same representative(s), both spouses must sign below.

If the taxpayer named in section 1 is other than an individual: I certify that I am acting in the capacity of a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have the authority to execute this power of attorney on behalf of the taxpayer.

► IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.

Signature <i>Claude Lores</i>	Taxpayer's telephone number (912) 441-0062	Taxpayer's fax number (312) 889-5573	Date 10-15-14
Name of person signing this form (type or print)		Title, if applicable	
Spouse's signature	Spouse's telephone number ()	Spouse's fax number ()	Date

Affix corporate seal here, if applicable

7. Acknowledgment or witnessing the power of attorney

This power of attorney must be acknowledged by the taxpayer(s) before a notary public (see next page for acknowledgment formats) or witnessed by ~~two disinterested individuals~~, unless the appointed representative(s) is licensed to practice in New York State as an attorney-at-law, certified public accountant, public accountant, or is a New York State resident enrolled as an agent to practice before the Internal Revenue Service.

The person(s) signing as the above taxpayer(s) appeared before us and executed this power of attorney.

Signature of witness		Signature of witness			
Name of witness (type or print)	Date	Name of witness (type or print)	Date		
Mailing address of witness (type or print)		Mailing address of witness (type or print)			
City	State	ZIP code	City	State	ZIP code

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Taxpayer's identification number

13-3189657

Acknowledgment — individual

State of
County of
On this
came,
and he/she/they acknowledged that he/she/they executed the same.

ss:

day of , before me personally
to me known to be the person(s) described in the foregoing power of attorney;

Signature of notary public

Date

Notary public: affix stamp (or other indication of your notary authority)

Acknowledgment — corporate

State of
County of
On this
came,
that he/she is the
in the foregoing power of attorney; and that he/she signed his/her name thereto by authority of the board of directors of said corporation.

ss:

day of , before me personally
to me known, who, being by me duly sworn, did say that
of , the corporation described
in the foregoing power of attorney; and that he/she signed his/her name thereto by authority of the board of directors of said corporation.

Signature of notary public

Date

Notary public: affix stamp (or other indication of your notary authority)

Acknowledgment — limited liability company (LLC)

State of
County of
On this
came,
that he/she is a member or manager of the limited liability company described in the foregoing power of attorney; and that he/she is
empowered to and did execute the same.

ss:

day of , before me personally
to me known, who, being by me duly sworn, did say that
that he/she is a member or manager of the limited liability company described in the foregoing power of attorney; and that he/she is
empowered to and did execute the same.

Signature of notary public

Date

Notary public: affix stamp (or other indication of your notary authority)

Acknowledgment — partnership/limited liability partnership (LLP)

State of
County of
On this
came,
that he/she is a partner of the partnership described in the foregoing power of attorney; and that he/she is empowered to and did execute
the same.

ss:

day of , before me personally
to me known, who, being by me duly sworn, did say that
that he/she is a partner of the partnership described in the foregoing power of attorney; and that he/she is empowered to and did execute
the same.

Signature of notary public

Date

Notary public: affix stamp (or other indication of your notary authority)

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8. Declaration of representative(s) (to be completed by each representative)

I agree to represent the above named taxpayer(s) in accordance with this power of attorney. I affirm that my representation will not violate the provisions of the Ethics in Government Act or section 2604(d) of Chapter 68 of the New York City Charter restricting appearances by a former government employee before his or her former agency. I have read a summary of these restrictions reproduced in the instructions to this form.

I am (indicate all that apply):

- 1 an attorney-at-law licensed to practice in New York State
- 2 a certified public accountant duly qualified to practice in New York State
- 3 a public accountant enrolled with the New York State Education Department

- 4 a New York State resident enrolled as an agent to practice before the Internal Revenue Service
- 5 an employee not a corporate officer (if the taxpayer is a corporation)
- 6 other: _____

Designation(s) (use number(s) from above list)	Representative's PTIN, SSN, or EIN	Signature	Date

► IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED IN ITS ENTIRETY, THE POWER OF ATTORNEY WILL BE RETURNED.

