



Power of Attorney

Read Form POA-1-1, *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 160 Madison Ave Owners' Corp | | Taxpayer's identification number (see instructions) 13-3189657 | |
| Spouse's name (if joint tax return) | | Spouse's SSN (if applicable) | |
| Mailing address P.O. Box 71 Tonjes Rd Callicoon NY 12723 | City Callicoon | State NY | ZIP code 12723 |
| 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 Arthur Langer, CPA | | Telephone number (516) 702-3002 | Fax number (516) 932-0925 |
| Mailing address (include firm name, if any) 18 Blanche St. | | Representative's NYTPRIN (if applicable) | |
| City Painview | State NY | ZIP code 11803 | E-mail address arthur@cpalanger.com |
| Representative's name | | Telephone number () | Fax number () |
| Mailing address (include firm name, if any) | | Representative's NYTPRIN (if applicable) | |
| City | State | ZIP code | E-mail address |
| Representative's name | | Telephone number () | Fax number () |
| 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) |
|---|---|--------------------------------------|
| Any | All | All |
| | | |
| | | |

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 ☐

0291100094



Taxpayer's identification number

13-3189657

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 Siron</i> | Date 10-15-14 | Spouse's signature | Date |
|---------------------------------------|------------------|--------------------|------|

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 Siron</i> | Date 10-15-14 | Spouse's signature | Date |
|---------------------------------------|------------------|--------------------|------|

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 Siron</i> | Taxpayer's telephone number (912) 4410062 | Taxpayer's fax number (312) 8895573 | 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 |

0292100094



Taxpayer's identification number

13-3189657

Acknowledgment — individual

State of _____ ss: _____
 County of _____ day of _____ before me personally
 On this _____ to me known to be the person(s) described in the foregoing power of attorney;
 came, _____
 and he/she/they acknowledged that he/she/they executed the same.

Signature of notary public

Date

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

Acknowledgment — corporate

State of _____ ss: _____
 County of _____ day of _____ before me personally
 On this _____ to me known, who, being by me duly sworn, did say that
 came, _____ of _____ the corporation described
 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.

Signature of notary public

Date

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

Acknowledgment — limited liability company (LLC)

State of _____ ss: _____
 County of _____ day of _____ before me personally
 On this _____ to me known, who, being by me duly sworn, did say that
 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.

Signature of notary public

Date

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

Acknowledgment — partnership/limited liability partnership (LLP)

State of _____ ss: _____
 County of _____ day of _____ before me personally
 On this _____ to me known, who, being by me duly sworn, did say that
 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.

Signature of notary public

Date

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

0293100094



13-3189651

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):

- | | |
|---|---|
| <p>1 an attorney-at-law licensed to practice in New York State</p> <p>2 a certified public accountant duly qualified to practice in New York State</p> <p>3 a public accountant enrolled with the New York State Education Department</p> | <p>4 a New York State resident enrolled as an agent to practice before the Internal Revenue Service</p> <p>5 an employee not a corporate officer (if the taxpayer is a corporation)</p> <p>6 other: _____</p> |
|---|---|

| 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.

0294100094

