

**Limited Power of Attorney and  
Tax Information Authorization**

<b>TAX SERVICE</b>	
Federal ID Number	
State Unemployment Number	
Client Number	

**TAXPAYER** \_\_\_\_\_  
(LEGAL NAME)

**D.B.A. NAME:** \_\_\_\_\_

Advantage Business Services Holdings, Inc. d.b.a Advantage Payroll Services is hereby appointed as attorney-in-fact with authority to receive, sign and file employment tax returns, make tax deposits, and receive experience rates and filing frequencies for the above stated Taxpayer to the **State of Georgia** Department of Labor.

The attorney-in-fact shall also be authorized as a designee of the Taxpayer to receive copies of notices, correspondence and transcripts with respect to tax returns filed by the designee.

This authorization shall include the appropriate State forms beginning with the tax period indicated and remaining in effect through subsequent tax periods until notified by the Taxpayer, or the designee of termination or revocation of the authorization.

Tax Form

Beginning Tax Period

GA-DOL-4N/Employment Tax and Wage report  
GA-DOL-4B/Wage Listing Continuation Sheet

\_\_\_\_\_  
(Tax Quarter/Year)

GA-DOL-1A/Employer Status Report

\_\_\_\_\_  
(Tax Quarter/Year)

Address in Fact: **Advantage Payroll Services**  
Attn: Tax Services  
P. O. Box 1330  
Auburn, ME. 04211

Client Address: \_\_\_\_\_  
(Benefit Information) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This Limited Power of Attorney and Tax Information Authorization revokes all earlier tax filing powers of attorney and tax information authorizations only on file with the respective taxing authorities with respect to the same tax matters and tax periods covered hereby.

Agency Acknowledgment: \_\_\_\_\_  
(Please send verification) (agency)

Effective Date: \_\_\_\_\_

**TAXPAYER**

By: \_\_\_\_\_  
Client Signature (Authorized Officer)

Client Name  
and Title: \_\_\_\_\_

(Print or Type)

Date: \_\_\_\_\_