

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

TAX SERVICE

Federal ID Number
State Employer Account Number
Client Number
-

TAXPAYER _____ dba _____
(LEGAL NAME)

ABSHI 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 Iowa Department of Employment Services.

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

65-5300/Employers Contribution and Payroll report
60-0103/Continuation Sheet

(Tax Quarter/Year)

65-5306/Notice of Job Insurance Contribution Tax Rate

(Tax Quarter/Year)

Address in Fact: ABSHI
(65-5300/60-0103/ Attn: Tax Services
65-5306 and P. O. Box 1330
IA Dept. of Auburn, Me. 04211
Employment Svs.
correspondence)

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: _____