

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

TAX SERVICE

Federal ID Number
Employer's State Unemployment Number
Client Number

TAXPAYER _____
(LEGAL NAME)

D.B.A 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 Nevada** Department of Employment Security and 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

NUCS-4072/Employers quarterly contribution & Wage report
NUCS-4073/Wage Listing Continuation Sheet

3/98
(Tax Quarter/Year)

PAYROLL SERVICE AGENT

Shall respond to Government Notices on behalf of employer
Shall be able to obtain employer's Unemployment ID numbers
Shall be able to verify employer's experience rates

3/98
(Tax Quarter/Year)

Address in Fact: ABSHI, Attn: Compliance
P. O. Box 1330, Auburn, Me. 04211

Taxpayer 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.

TAXPAYER

By: _____
Client Signature (Authorized Officer)

Taxpayer Name
and Title: _____
(Print or Type)

Date: _____