

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

(In accordance with Internal Revenue Service Regulations)

**TAX SERVICE**

CAF # \_\_\_\_\_  
(Tax Center Use Only)

Federal ID Number
State Employer Account Number
Client Number

TAXPAYER \_\_\_\_\_ dba \_\_\_\_\_  
(Legal Name) (Trade 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 for the above stated Taxpayer to the State of New Hampshire Department of Employment Security.

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 employment 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.

<u>Tax Form</u>	<u>Beginning Tax Period</u>
NH Form 200A	Pg. 1/Employers Tax and Wage Report
NH Form 200A	Pg. 2 (Wage Report)
	_____
	Tax Quarter/Year)
NHUS 1026	Tax Rate Determination
	_____
	Tax Quarter/Year)

<b>Address in Fact:</b>	ABSHI
NH Forms 200A, Pgs. 1 & 2	ATTN: Tax Services
NH Employment Security Correspondence	P. O. Box 1330 Auburn, ME 04211-1330

<b>Client Address</b>	<b>(Benefit Information)</b>

This Limited Power of Attorney and Tax Information Authorization revokes all earlier tax filing powers of attorney and tax information authorizations 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 & Title: \_\_\_\_\_  
Date: \_\_\_\_\_ (Print or Type)