

# Limited Power of Attorney and Tax Information Authorization

## TAX SERVICE

Federal ID Number
State Unemployment Number
State Withholding Number
Client Number
-

TAXPAYER \_\_\_\_\_ dba \_\_\_\_\_

(LEGAL NAME)

*Advantage Business Services Holdings, Inc. dba 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 Vermont** Department of Employment & Training and the Department of Taxes.

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

C101/Employers Quarterly Wage & contribution Report \_\_\_\_\_

(Tax Quarter/Year)

C-119/Employers Notice of Experience Rating \_\_\_\_\_

(Tax Quarter/Year)

WH-431/Return of Income Taxes Withheld \_\_\_\_\_

WH-432/Employers Quarterly Income Tax Withheld \_\_\_\_\_

WH-433/Payment Voucher for Income Tax Withheld \_\_\_\_\_

(Tax Quarter/Year)

Address in Fact: Advantage Payroll Services  
 (C101/C-119/ Attn: Tax Services  
 WH-431/WH-432 P. O. Box 1330  
 WH-433/correspondence 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)