TAXPAYER FEDERAL I.D. NUMBER
1.

2. ☐ New Federal I.D. Number

3. ☐ Seasonal or Intermittent Filer

4. ☐ Additional State Authorization Only

5. **FOR REPORTING AGENT USE ONLY**
Company Number ____________

Limited Power of Attorney And Tax Information Authorization

(In accordance with Internal Revenue Service Revenue Procedures – substitute for Form 8655)

6. TAXPAYER LEGAL NAME (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.):

____

7. DBA NAME (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.):

____

8. LEGAL ADDRESS (As on file with the Internal Revenue Service. Please ensure you show street address, city, state and zip code):

____
STREET ADDRESS

____
CITY, STATE AND ZIP CODE

REPORTING AGENT: **Computing Resources, Inc.**
PO Box 30005 **Phone**: (800) 422-8800 **Fax**: (866) 293-1994
Reno, Nevada 89520-3005 **Federal EIN**: 88-0146711

☒ Computing Resources, Inc., an Intuit company, is authorized as a designee of the taxpayer to receive copies of notices, correspondence, transcripts, deposit frequency data, or other information with respect to employment tax returns filed and deposits made by the designee. **Note: Do Not Change Taxpayer Address of Record**

If the taxpayer is required to file a return electronically or to submit tax deposit data electronically, Computing Resources, Inc. is required to file the return and submit the deposit data electronically for the taxpayer. If the taxpayer is not required to file or deposit electronically, Computing Resources, Inc. may file or make deposits on their behalf in one of the methods indicated below:

9. For Reporting Agent Use Only

Form	Filing Method		Filing Period
941	M	E	(qq/yyyy)
940	M	E	(yyyy)
943	■	■	(yyyy)
945	■	■	(yyyy)

FEDERAL TAX DEPOSITS

Form	Payment Method	Deposit Period (mmyyyy)
941	E	
940	E	
943	E	
945	E	

10. STATE FORMS/DEPOSITS

STATE NAME	STATE ID NUMBER	TAX TYPE	FILING PERIOD (qqyyyy)

The Limited Power of Attorney and Tax Information Authorization revokes all earlier tax filing powers of attorney and tax information authorizations on file with respective tax authorities with respect to the same tax matters and tax periods covered hereby, but has no effect on any other Power of Attorney or authorization.

11. Signature of Taxpayer or Authorized Representative

I understand that this authorization does not absolve me as the taxpayer of the responsibility to ensure that all returns are filed and all taxes are paid on time. Computing Resources, Inc. is hereby appointed Reporting Agent with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media, or on paper, for the above stated taxpayer to Federal, State, and Local jurisdictions. This authorization shall include the appropriate State and Local forms and related deposits, Federal employment tax forms with related deposits as designated above, beginning with the tax period indicated and remaining in effect through subsequent periods until the taxpayer or designee notifies IRS or the appropriate State and Local jurisdictions, that this authorization is terminated or revoked. I authorize the taxing authorities to disclose otherwise confidential information to Computing Resources, Inc. as necessary to discuss or provide filing or account information relating to employment tax returns filed or to be filed and/or deposits made or to be made by Computing Resources, Inc. (including information relating to any penalty resulting from such deposits) as well as deposit requirements. I certify that I have the authority to authorize the disclosure of otherwise confidential tax data on behalf of the taxpayer.

____
Printed Name (Required)

______________________ () ______________
Title (Required) Telephone Number

____
Signature (Required)

07/16/2007
____
Date (Required)

____
Richard K. Valentine, Director of Tax Operations
Computing Resources Inc., an Intuit Company

CRI / Intuit Payroll Services LPOA v030907

REQUIRED

TAXPAYER FEDERAL I.D. NUMBER
1. ______________________

2. ☐ New Federal I.D. Number

3. ☐ Seasonal or Intermittent Filer

4. ☐ Additional State Authorization Only

5. **FOR REPORTING AGENT USE ONLY**
Company Number ____________

Limited Power of Attorney And Tax Information Authorization

(In accordance with Internal Revenue Service Revenue Procedures – substitute for Form 8655)

12. This Power of Attorney must be acknowledged before a notary public if you are doing business, or plan to do business, in one or more of the following states:

Alabama, Delaware, Indiana, Oklahoma, South Carolina, and/or West Virginia

If the power of attorney is granted to a person other than an attorney licensed to practice in said state, or certified public accountant, the taxpayer(s) signature must be notarized below.

I, ______________________________, affirm that ____
NAME OF WITNESS — NAME OF PERSON(S) SIGNING AS OR FOR THE TAXPAYER(S) ON PAGE 1

appeared to be of sound mind and free from duress at the time this power of attorney was signed, and that he or she affirmed that he or she was aware of the nature of this document and signed it freely and voluntarily.

____ ________________________
SIGNATURE OF WITNESS — DATE

The person(s) signing as or for the taxpayer(s) below and on page 1 of this Limited Power of Attorney and Tax Information Authorization appeared this day before a notary public and acknowledge this power of attorney as a voluntary act and deed.

____
Printed Name, Signature, and Title (Owner, Partner, Officer, etc.)

SUBSCRIBED AND SWORN to before me on this _________ day of _______________, _____________
(month) (year)

____
(Signature of Notary Public)

Notary Public, State of: ________________________

My Commission expires: ________________________

NOTARIAL SEAL
(If required by State Law)

Instructions for Completing the
Limited Power of Attorney and Tax Information Authorization

(In accordance with Internal Revenue Service Revenue Procedures – substitute for Form 8655)

The instructions for completing this form are for those items that are not self-explanatory.

Item 1 – Employer Identification Number (EIN) – Nine-digit Employer Identification Number (EIN) issued by the IRS to each employer. If you do not have an EIN, apply for one on Form SS-4, Application for Employer Identification Number.

Item 2 – New Federal ID Number – Check this box if you have recently applied for an EIN and have not yet received notice CP575 (Verification of your EIN) from the IRS.

Item 3 – Seasonal or Intermittent Filer – Check this box if your business is seasonal or intermittent and there is any quarter during the calendar year for which you will not pay wages.

Item 4 – Additional State Authorization Only – check this box ONLY if you are a current customer who is adding a state to which you do business.

Item 5 – Company Number – For Reporting Agent's use.

Item 6 – Taxpayer Legal Name – Enter the Sole Proprietor, Owner's, Business or Company name. This must match the name on IRS records. Only the first 35 characters of the first name line are used. **Do not abbreviate or omit spaces – include only the first 35 characters**. Valid characters are A-Z, 0-9, ampersand (&), hyphen (-), and one blank between each word. The comma (,), period (.), number sign (#),apostrophe (') and multiple blanks are invalid characters. Do not use the word "The" as the first word unless it is followed by only one other word. Include legal/formal suffixes with individual names (MD, PhD, CPA, Jr., Sr., III, etc.); but, **DO NOT** include general/informal titles such as owner, accountant, attorney, or prefixes such as Dr., Mr., Mrs., etc.

Item 7 – DBA Name – Enter the trade name of the business if different from the legal name. The trade name is the "doing business as" name. Follow the same instructions as shown for Item 6 above; however, **DO NOT** enter "DBA" or "TA" on this line; show the name only.
NOTE: Partnerships should enter the "doing business as" name in Item 6. Enter the general partner's name or the first partner's name in Item 7. If a Corporation is a general partner, do not include the name in Item 7.

Item 8 – Street Address, City, State, ZIP Code – Enter address of taxpayer. Valid characters are A-Z, 0-9, ampersand (&), hyphen (-), slash (/), percent (%), and one blank between each word. Invalid characters are the number sign (#), period (.), apostrophe (') and multiple blanks.

Item 9 – For Reporting Agent's use – Indicate filing method (Electronic, Magnetic, or both) for all tax returns to be filed and/or FTDs to be made by this Reporting Agent for this taxpayer. For Tax Form 940 enter the Tax Year (1999, 2000, etc.) this agent will start the annual filing. For Tax Form 941, enter the ending month of the quarter and year (03/2000, 06/2000, 09/2000, 12/2000), the Reporting Agent will file this return for the first time. For FTDs, enter the first month and year (021998, 062000, etc.) this Reporting Agent will make any deposit, regardless of the tax type(s).

Item 10 – State Forms/Deposits – List each state in which you are doing business or plan to do business. Indicate the appropriate State ID number. If you do not have a State ID #, apply for one by contacting the applicable State Agency. Mark the State ID # field as "Applied For" in those State(s) where you have applied and are awaiting the ID. Indicate the appropriate Tax Type (WH for Withholding and/or UI for Unemployment insurance). For Filing Period, enter the quarter and year (011999, 022000).

Item 11 – Signature of Taxpayer or Authorized Representative – Taxpayer name, title and signature to be reflected in this section. Acceptable signatures are as follows:

Sole Proprietor	Owner
LLC/LLP	An individual or partner who is authorized to sign this form on behalf of the LLC/LLP
Corporation (any)	An individual or officer who is authorized to sign this form on behalf of the corporation

Item 12 – Notarization – If you are doing business in one of the states referenced on Page 2 of this form, this Limited Power of Attorney and Tax Information Authorization Form must be witnessed and acknowledged before a notary public. When notarized, both pages must be returned to Computing Resources, Inc.