



Power of Attorney

Read Form POA-1-I, *Instructions for Form POA-1*, before completing. These instructions explain how the information entered on this power of attorney (POA) will be interpreted and the extent of the powers granted.

1. Taxpayer information (Taxpayer(s) maintains and sets this form of assessment.)

Taxpayer's name		Identification number (see instructions)	
Spouse's name (if joint tax return)		Identification number (if applicable)	
Mailing address		ZIP code	
Spouse's mailing address (if different from above)		City	State ZIP code

1. This is your company information. Spouse's name is only entered for individual POAs; this is a company POA.

The taxpayer(s) named above appoints the individual(s) named below as the taxpayer's or taxpayers' attorney(s)-in-fact:

2. Representative information (Taxpayer(s) maintains and sets this form of assessment.)

Representative's name		Telephone number		Fax number	
John Lippert c/o PayCycle Inc.		888 927-7478		866 936-0507	
Mailing address (include firm name, if any)		Representative's NYTPRIN (if applicable)			
2632 Marine Way					
City	State	ZIP code	E-mail address		
Mountain View	CA	94943			
Representative's name		Telephone number		Fax number	
Barbara McKinnis c/o PayCycle Inc.		888 927-7478		866 936-0507	
Mailing address (include firm name, if any)		Representative's NYTPRIN (if applicable)			
2632 Marine Way					
City	State	ZIP code	E-mail address		
Mountain View	CA	94943			
Representative's name		Telephone number		Fax number	
		()		()	
Mailing address (include firm name, if any)		Representative's NYTPRIN (if applicable)			
City	State	ZIP code	E-mail address		

2. These are the Intuit representatives.

to represent the taxpayer(s) in connection with the assessment of the tax matter(s) listed below, instead of this form.

3. Tax matter(s) – For estate

Type(s) of tax(es) (may enter more than one)		Assessment/Audit ID number(s)	
Withholding	- Current		
NY MCTMT	- Current		

3. You will assign Intuit as your representative for NY withholding and NY Metro Business tax (MCTMT)-even if you are not currently subject to MCTMT.

with full power to receive confidential information and to perform any and all acts that the taxpayer(s) can perform with respect to the above specified tax matter(s), except for signing tax returns or delegating his/her/their authority (unless specifically authorized; see page 2). If you **do not** want any of the above representative(s) to have full power as described above, attach a signed and dated explanation and mark an **X** in this box



Taxpayer's identification number

3. Sign and date BOTH signature boxes.

I/We authorize the above representative(s) to sign tax returns for the tax matter(s) indicated above. (If joint return, both taxpayers must sign.)

Your signature	Date	Spouse's signature	Date
----------------	------	--------------------	------

I/We authorize the above representative(s) to delegate his/her/their authority to another. (If joint return, both taxpayers must sign.)

Your signature	Date	Spouse's signature	Date
----------------	------	--------------------	------

4. Retention/revocation of prior power(s) of attorney

This power of attorney (POA) only applies to tax matters administered by the New York State Tax Department, the New York City Department of Finance, or both. Executing and filing this POA revokes all powers of attorney previously executed and filed with an agency for the same tax matter(s) and year(s), period(s) or transaction(s) covered by this document. If there is an existing POA that you **do not** want revoked, attach a signed and dated copy of each POA you want to remain in effect and mark an **X** in this box.

5. Notices and certain other communications

In those instances where statutory notices and certain other communications involving the tax matter(s) listed on page 1 are sent to a representative, these documents will be sent to the first representative named in section 2. If you **do not** want notices and certain other communications sent to the first representative, enter the name of the representative (if you have a power of attorney previously filed and remaining in effect) that you want to receive notices and certain other communications in the space below.

Representative's name: None

5. "None" in number five means that you will continue to receive notices and other communications from the agency, rather than Intuit.

If you do not want notices and certain other communications sent to the first representative, enter the name of the representative (if you have a power of attorney previously filed and remaining in effect) that you want to receive notices and certain other communications in the space below.

6. Taxpayer signature

If a joint tax return was filed for New York State, New York City, or both, and both spouses request the same representative(s), both spouses must sign below.

If the taxpayer named in section 1 is other than an individual: I certify that I am acting in the capacity of a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have the authority to execute this power of attorney on behalf of the taxpayer.

▶ IF NOT SIGNED AND DATED, THIS POWER OF ATTORNEY IS VOID.

6. Sign and date.

Signature	Taxpayer's telephone number ()	Taxpayer's fax number ()	Date
Name of person signing this form (type or print)		Title, if applicable	
Spouse's signature	Spouse's telephone number ()	Spouse's fax number ()	Date

Affix corporate seal here, if applicable

7. Acknowledgment or witnessing the power of attorney

This power of attorney must be acknowledged by the taxpayer(s) before a notary public (see next page for acknowledgment formats) or witnessed by **two** disinterested witnesses in New York State as an attorney-at-law, certified public accountant, or notary public in New York State as an agent to practice before the Internal Revenue Service.

The person(s) signing as the above

7. If you have signatures, names and addresses of TWO disinterested witnesses, then you will not need a notarized acknowledgement on page 3.

Signature of witness			
Name of witness (type or print)	Date	Name of witness (type or print)	Date
Mailing address of witness (type or print)		Mailing address of witness (type or print)	
City	State	ZIP code	City
			State
			ZIP code

0292100094



Taxpayer's identification number

Acknowledgment – individual

State of _____ ss:
County of _____
On this _____ day of _____, _____, before me personally
came, _____ to me known to be the person(s) described in the foregoing power of attorney;
and he/she/they acknowledged that he/she/they executed the same.

Signature of notary public _____ Date _____

Notary public: affix stamp (or other indication of your notary authority)

Acknowledgment – corporate

State of _____ ss:
County of _____
On this _____ day of _____, _____, before me personally
came, _____ and say that he/she is
the _____, the corporation described
in the foregoing power of attorney of directors of said corporation.

Signature of notary public _____ Date _____

Notary public: affix stamp (or other indication of your notary authority)

7. If you choose to have this notarized instead of getting two signatures, be sure the notary fills out the correct section. For example, if your company is incorporated the notary will need to fill in the section Acknowledgement - corporate and not the section for Acknowledgement - individual. Otherwise, the state will reject the Power of Attorney.

Acknowledgment – limited liability company (LLC)

State of _____ ss:
County of _____
On this _____ day of _____, _____, before me personally
came, _____ to me known, who, being by me duly sworn, did say that he/she is
a member or manager of the limited liability company described in the foregoing power of attorney; and that he/she is empowered to and
did execute the same.

Signature of notary public _____ Date _____

Notary public: affix stamp (or other indication of your notary authority)

Acknowledgment – partnership/limited liability partnership (LLP)

State of _____ ss:
County of _____
On this _____ day of _____, _____, before me personally
came, _____ to me known, who, being by me duly sworn, did say that he/she is
a partner of the partnership described in the foregoing power of attorney; and that he/she is empowered to and did execute the same.

Signature of notary public _____ Date _____

Notary public: affix stamp (or other indication of your notary authority)

0293100094




Taxpayer's identification number

8. Declaration of representative(s) *(to be completed by each representative)*

I agree to represent the above named taxpayer(s) in accordance with this power of attorney. I affirm that my representation will not violate the provisions of the Ethics in Government Act or section 2604(d) of Chapter 68 of the New York City Charter restricting appearances by a former government employee before his or her former agency. I have read a summary of these restrictions reproduced in the instructions to this form.

I am *(indicate all that apply)*:

- 1 an attorney-at-law licensed to practice in New York State
- 2 a certified public accountant duly qualified to practice in New York State
- 3 a public accountant enrolled with the New York State Education Department
- 4 a New York State resident enrolled as an agent to practice before the Internal Revenue Service
- 5 an employee not a corporate officer (if the taxpayer is a corporation)
- 6 other: 3rd party payroll

Designation(s) <i>(use number(s) from above list)</i>	Representative's PTIN, SSN, or EIN	Signature	Date
6	94-3345425		
6	94-3345425		

▶ IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED IN ITS ENTIRETY, THE POWER OF ATTORNEY WILL BE RETURNED.

