WV-2848 Rev. 01/05

## **West Virginia State Tax Department** Authorization of Power of Attorney (An authorization giving the person you name on this form specified powers

to act for you in dealing with the West Virginia State Tax Department.)

Please type or print the information you provide on this form

,, ,			
COMPANY LEGAL NAME	9999-9999		(999) 999-9999
Your name (or name of business if applicable)	Your Social Security Number (or	r WV Tax ID Number)	Daytime Telephone
Spouse's name (if applicable)	Spouse's Social Security Numb	er (if applicable)	Daytime Telephone
COMPANY LEGAL ADDRESS	CITY	STATE	ZIP CODE
Street Address	City or Town	State	Zip Code
PAYCYCLE INC.	EIN: 94-3345425		888-927-7478
Name of person you are giving power of attorney	Social Security or WV Tax ID no	umber	Daytime Telephone
2632 MARINE WAY	<b>MOUNTAIN VIEW</b>	CA	94043
Street address	City or Town	State	Zip Code
I limit the powers which I am author  Type of Tax  (personal income, estate, etc.)	Tax Form Number (IT-140, EST-76, etc.)	Month, Qu	e following periods: parter and/or Year of Return eath if estate tax)
Withholding	1. WV/IT-101A	From:	<b>YYYY</b>
Withinstaling	2. WV/IT -101Q		YYYY
	3. WV/IT – 101V	Onui.	****
	4. WV/IT- 103		
	ned above only the following powers		g with the West
	onnection with the tax returns I have li		
Check each applicable box		Your signat	ure for each power you give
to receive (but not to endorse or cash) any checks issued by the West Virginia State Tax Department			
to receive confidential tax	to receive confidential tax information concerning me		
	to extend the period during which I am liable for assessment or payment of any state tax		
to sign tax returns and form	to sign tax returns and forms		
to make and sign agreeme between the West Virginia	ents settling matters in dispute State Tax Department		
to assign this power of atto	orney to another person approved		
the following other power of	or powers (if none, state "none"):		

This form is continued on the reverse side.

I understand that in authorizing this power of attorney I am also giving the person I have named above the power to receive private and nonpublic information concerning my State taxes from the West Virginia State Tax Department.

I certify that no other person holds these powers for me. I understand that I have the right to revoke these powers at any time by notifying in writing both the person named above and the West Virginia State Tax Department.

This power of attorney revokes any earlier Authorization of Power of Attorney for the same types of taxes and periods covered by this power of attorney, but only to that extent.

Signature of or for taxpayer(s)

Your signature	Date	Daytime Telephone
PRIMARY PRINCIPAL SIGNATURE	MM/DD/YYYY	(999) 999-9999
Spouse's signature (if any returns listed above are joint returns)	Date	Daytime Telephone
Signature and title of corporate officer, partner or fiduciary authorized to execute this power of attorney on your behalf	Date	Daytime Telephone
Om hippud Manager of Tax Operations	MM/DD/YYYY	866-640-9987

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

The person signing	as or for the taxpayer(s): (Check and complete only one of	the following sections.)
is/are know	n to and signed in the presence of the two disinterested wit	nesses whose signatures appear here:
SIC	GNATURE OF WITNESS	MM/DD/YYYY
	(Signature of Witness)	(Date)
SI	GNATURE OF WITNESS	MM/DD/YYYY
	(Signature of Witness)	(Date)
appeared the	nis day before a notary public and acknowledged this power	of attorney as a voluntary act and deed.
Witness:	SIGNATURE OF NOTARY	
_	(Signature of Notary)	
		NOTARIAL SEAL
	MM/DD/YYY	
	(Date)	

Mail to: West Virginia State Tax Department

Revenue Division Post Office Box 2389

Charleston, West Virginia 25328-2389