

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 WV Tax ID Number)	Daytime Telephone
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Spouse's name (if applicable)	Spouse's Social Security Number (if applicable)	Daytime Telephone
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COMPANY LEGAL ADDRESS	CITY	STATE
Street Address	City or Town	State
PAYCYCLE INC.	EIN: 94-3345425	888-927-7478
Name of person you are giving power of attorney	Social Security or WV Tax ID number	Daytime Telephone
2632 MARINE WAY	MOUNTAIN VIEW	CA
Street address	City or Town	State
		Zip Code
		94043

I limit the powers which I am authorizing on this form to the following types of tax returns for the following periods:

Type of Tax (personal income, estate, etc.)	Tax Form Number (IT-140, EST-76, etc.)	Month, Quarter and/or Year of Return (date of death if estate tax)
Withholding	1. WV/IT-101A 2. WV/IT -101Q 3. WV/IT – 101V 4. WV/IT- 103	From: YYYY Until: YYYY

I hereby give the person I have named above only the following powers to act for me in dealing with the West Virginia State Tax Department in connection with the tax returns I have listed above:

Check each applicable box

Your signature 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 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 forms
- to make and sign agreements settling matters in dispute between the West Virginia State Tax Department
- to assign this power of attorney to another person approved by me in writing
- the following other power or powers (if none, state "none"):

This form is continued on the reverse side.

