Limited Power of Attorney And

Tax Information Authorization

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

	TAXPAYER FEDERAL I.D. NUMBER			
1.	99 9999999			
2. [New Federal I.D. Number			
3. [Seasonal or Intermittent Filer			
4. [Additional State Authorization Only			
5.	FOR REPORTING AGENT USE ONLY Company Number			

FAX: (800) 536-1281

COMPANY LEGAL NAME

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

COMPANY TRADE/DBA NAME

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

COMPANY LEGAL ADDRESS

STREET ADDRESS

CITY, STATE, ZIP CODE

CITY, STATE AND ZIP CODE

REPORTING AGENT: PAYCYCLE, INC.

6884 SIERRA CENTER PKWY

RENO, NV 89511

FEDERAL EIN: 94-3345425

PHONE: (888) 927-7478

Paycycle, Inc., an Intuit company, is authorized as a designee of the taxpayer to receive copies of notices,

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, Paycycle, 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, Paycycle, Inc. may file or make deposits on their behalf in one of the methods indicated below:

correspondence, transcripts, deposit frequency data, or other information with respect to employment tax returns filed and

9. For Reporting Agent Use Only

Form	Filing Method		Filing Period
941	М	Е	(qq/yyyy)
940	М	Е	(yyyy)
943			(<i>yyyy</i>) N/A
945			(<i>yyyy</i>) N/A

FEDERAL TAX DEPOSITS			
Form	Payment Method	Deposit Period (mmyyyy)	
941	E		
940	E		
943	E	N/A	
945	E	N/A	

10. STATE FORMS/DEPOSITS			
STATE NAME	STATE ID NUMBER	TAX TYPE	FILING PERIOD (99yyyy)
WV	9999-9999	UI	

PRIMARY PRINCIPAL NAME

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 taxpaver of the responsibility to ensure that all returns are filed and all taxes are paid on time. Paycycle, 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 Paycycle. 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 Paycycle, 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 taxpaver.

Printed Name (Required)	
TITLE Title (Required)	(999) 999-9999 Telephone Number
PRIMARY PRINCIPAL SIGNATURE (Required)	JRE
MM/DD/YYYY Date (Required)	
Coreer A. Solano	
Coreen Solano, Agent-In-Fact Paycycle, Inc., an Intuit Company	

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(In accordance with Internal Revenue Service Revenue Procedures – substitute	for Form 8655) 5	FOR REPORTING A	GENT USE ONLY
CONTINUED – PAGE 2	_	Company Number	
12. This Power of Attorney must be acknowledged be do business, in one or more of the following states		ic if you are doing b	usiness, or plan to
Delaware, District of Columbia, South C	Carolina, and/or W	est Virginia	
If the power of attorney is granted to a person other than a accountant, the taxpayer(s) signature must be notarized b		to practice in said st	ate, or certified public
, WITNESS NAME , affirm that	PRIMARY P	RINCIPAL NAME	
NAME OF WITNESS NAME (OF PERSON(S) SIGNING A	AS OR FOR THE TAXPAYER(S) ON PAGE 1
appeared to be of sound mind and free from duress at the affirmed that he or she was aware of the nature of this doc			
SIGNATURE OF WITNESS		MM/DE	D/YYYY
SIGNATURE OF WITNESS		D	ATE
The person(s) signing as or for the taxpayer(s) below and Information Authorization appeared this day before a nota voluntary act and deed.			
PRIMARY PRINCIPAL NAME PRIMARY PRI	NCIPAL SIGNATU	RE TIT	LE
Printed Name, Signature, and T	itle (Owner, Partner, Off	icer, etc.)	
SUBSCRIBED AND SWORN to before me on this	DD day o	f MM	YYYY
	,	(month)	(year)
	N	OTARY SIGNATURI	E
		(Signature of Notary P	ublic)
	Notary Public, Stat	e of:	
	My Commission ex	xpires:	
NOTARIAL SEAL			
(If required by State Law)			