

Limited Power of Attorney and Tax Information Authorization

1.

EMPLOYER IDENTIFICATION NUMBER

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2. TAXPAYER LEGAL NAME

3. DBA NAME

4. LEGAL ADDRESS

Street Address

City, State, Zip Code

REPORTING AGENT/DESIGNEE: **Payroll 7 Ybhf, Inc.** **Phone:** (877) 328-6505 **Fax:** (877) 328-6505
 1136 Hiddenbrook Ln NW **Federal EIN:** 58-1484145
 Suwanee, GA 30024

Payroll Center, Inc. is hereby appointed as Reporting Agent with the authority to make employment tax deposits, request employment tax return filing extensions and sign and file employment tax returns electronically, on magnetic media, or on paper, for the above stated taxpayer to State and Local jurisdictions. Payroll Center is authorized as a designee of the taxpayer and shall have the authority to receive confidential information, including notices, correspondence, transcripts, data or other information related to employment tax returns filed and deposits made by the designee, and shall have the power to perform on behalf of the taxpayer any and all acts with respect to employment tax matters **except for the following specifically excluded acts:**

- Receive refund checks
- Substitute another Reporting Agent or designee to perform the acts of Payroll Center without the consent of the taxpayer
- Execute a request for disclosure of tax returns or return information to a third party.

If the taxpayer is required to file a return electronically or to submit tax deposit data electronically, Payroll Center. 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, Payroll Center will file or make deposits on the taxpayer's behalf based on the tax agencies rules and regulations.

5. STATE FORMS / DEPOSITS			
STATE NAME	ID #	TAX TYPE	FILING PERIOD EFFECTIVE BEGIN DATE – MM/YYYY

This 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 authorization.

6. 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. Payroll Center, 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 Federal, State, and Local tax types and related deposits as designated above, beginning with the tax period indicated and remaining in effect through subsequent periods until the taxpayer or designee notifies the appropriate State and Local jurisdictions, that this authorization is terminated or revoked. I authorize the taxing authorities to disclose otherwise confidential information to Payroll Center, 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 Payroll Center, 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)

Date (Required)