Substitute for IRS Form 86	55					C	DMB No. 1545-1058					
Æ	Reporting Agent Authoriza (State Limited Power of A	ttorney &	1 Co/Code	2 Branch	3 Federal ID Number							
Tax Filing Service	tion)											
	(In accordance with Internal Revenue Service Revenue F	locedules)	4 If you a	ire a seasonal	employer, che	ck here						
5 TAXPAYER LEGA	L NAME (Use all capital letters. Inclu	ide spaces, amp	bersands, and	hyphens. Do	o not enter any	/ other punctu	uation.)					
6 DBA NAME (Use al	Il capital letters. Include spaces, amper	sands, and hypl	nens. Do not	enter any oth	her punctuation	n.)						
7												
Address (number, stree	et, and room or suite no.)		City or tow	n, state, and ZII	P code							
DEDODZU			1.0 D:	CA 01772 H	D # 00 2004057							
	NG AGENT: ADP Tax Services, 400 West		rd, San Dimas,	CA 91//3, II	D # 22-3006057	, 800/235-7212	2					
•	orting Agent to Sign and File Return		ting Agont En	tor the baging	ing your for our	ual tax raturns						
beginning quarter	s below to indicate the tax return(s) to be finded for quarterly tax returns. See the instruction	is for how to enter	er the quarter a	and year. Once	this authority i	is granted, it is	effective					
-	ne taxpayer or Reporting Agent.											
940	941 $\underline{/}_{Qtr/Yr}$ 940-PR $\underline{N/A}_{Tax Y}$	A 9	$41-PR - \frac{N/2}{Qtr/2}$	$\frac{A}{Yr}$	941-SS <u>N/2</u> Qtr/	$\frac{A}{Yr}$ 9	P43					
943-PR <u>N/A</u>	944 944-PR _	N/A	945 <u>N/</u>	A								
Tax Year	Tax Year	Tax Year	Tax Y	í ear								
	orting Agent to Make Deposits and P	•										
9 Use the entry lines make deposits or p by the taxpayer or 1	below to enter the starting date (the first n ayments. See the instructions for how to e Reporting Agent.	nonth and year)	nd year. Once	this authority	y is granted, it i	s effective unt	il revoked					
940 <u>//</u>	941 <u>/</u> 943 <u>/</u> Mo/Yr	944 <u> </u>	/ Io/Yr	945 <u>N/A</u> Mo/Y	k (r							
	tion to Reporting Agent											
from the IRS, rela	norize the Reporting Agent to receive or the ted to the authorization granted on Line 8	request duplicate 3 and/or Line 9	e copies of tax	· · · · · · · · ·	, notices, and o	ther communi	\cdots					
10b Check here if the	reporting agent also wants to receive cop	ies of notices fro	om the IRS \cdot	•••••		•••••	· · · 🛛					
	Form 1099 Series Disclosure Authoriz											
11 The Reporting Age notices relating to	ent is authorized to exchange otherwise c the Form W-2/1099 series information re	onfidential taxp eturns. This auth	ayer informati ority is effect	on with the I ive for calend	RS, including a lar years begins	responding to ning:	certain IRS					
W-2	1099 <u>N/A</u>		2			0						
Tax Year	Tax Year											
State and Local Authors												
power of attorney with jurisdictions in which th transcripts from all appl and any other informati	the right and signing in Box 13 below, the taxpayer the authority to sign and file employment tax returns the taxpayer is required to file tax returns and make te icable state and local jurisdictions, resolve matters p on from applicable state and local jurisdictions relate returns filed and deposits made by ADP from the de	and make deposits of a deposits. ADP is a ertaining to these dep d to taxpayer's empl	electronically, on also hereby author posits and filings,	magnetic media, ized to receive no and to request an	or on paper for all otices, corresponder id receive deposit f	state and local nce and requency data						
This authorization shall subsequent periods until	include all applicable state and local forms and shall either revoked by the taxpayer or terminated by AD e deposits on the taxpayer's behalf in one of the filin	commence with the OP. Unless the taxpay	er is required to f	file or deposit ele			/ Qtr/Yr					
Authorization Agreen	nent	13 Signature	of Taxpayer	or Authoriz	ed Representa	ative						
responsibility to ensure that all payments are made. If Line 8 is authorized to sign and file the ret	t does not relieve me, as the taxpayer, of the tax returns are filed and that all deposits and completed, the Reporting Agent named above is um indicated, beginning with the quarter or year	I certify that I h confidential info			nis form and auth ayer.	orize disclosure	e of otherwise					
above is authorized to make depo indicated. Any authorization gran	line 9 are completed, the Reporting Agent named sits and payments beginning with the period ted remains in effect until it is revoked by the n authorizing the IRS to disclose otherwise	Name (Require	d)									
confidential tax information to the on Line 8 and/or Line 9 including	e reporting agent relating to the authority granted g disclosure required to process Form 8655.	Title										
Disclosure authority is effective u Form 8655. The authority granted	pon signature of the taxpayer and IRS receipt of on Form 8655 will not revoke any Power of	Signature (Req	uired)									
Auorney (Form 2848) or Tax Info	ormation Authorization (Form 8821) in effect.	Date (Required)									
For Privacy Act and Paperwork Red	uction Act notice, see attached.											

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	INSTRUCTIONS: Only one Limited Power of Attorney (LPOA) per federal ID number is required. Do not submit multiple LPOAs for a federal ID number. However, if the taxpayer uses more than one federal ID number, a separate LPOA must be submitted for each.)																		
1.																																	
2.																																	
3.	· · · · · · · · · · · · · · · · · · ·																																
4.	Seaso	nal Emp	oloyeı	r: Ma	ark t	his b	ox i	f thi	s clie	ent i	s a s	easc	onal e	empl	oyer	: (S	ease	ona	l is	defi	ned	as le	ss th	an f	our 9	941s	per y	year.)				
5.	 Seasonal Employer: Mark this box if this client is a seasonal employer. (Seasonal is defined as less than four 941s per year.) Taxpayer Legal Name: Enter the client's legal name in ALL CAPITAL LETTERS. This must match the name on the IRS file. The first name line on an IRS source document listed in #3 above must be entered on the LPOA form. Only the first 35 characters of the first name line are used. Include spaces, ampersands, and hyphens; do not include other punctuation such as slashes, commas, or periods. Do not use the word <u>THE</u> as the first word unless it is followed by only one other word. Include legal/formal suffixes with individual names (MD, PHD, CPA, JR, SR, III, etc.), but <i>do not</i> include general/informal titles such as owner, accountant, attorney, etc. See examples below. 															<u>E</u> I,																	
6.	6. DBA Name: Enter the taxpayer's Doing Business As (DBA) or Trading As (TA) name, if one is used. Follow the same instructions as shown in #5 above, and see examples below. <i>Do not</i> enter <u>DBA</u> or <u>TA</u> on this line; show the <i>name only</i> .															in																	
Ma	Master's Plumbing and Air Conditioning Service																																
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A	& J	C		N	S	T	R	U	C	T		0	N		C	0)																
	Sandra J. White, MD Family Health Care																																
S	A N	DR			J		W	H	1	T	E		M	D			Т														\square		
	Mary Smith-Bennett, Owner DBA Mary's Bike Shop															<u> </u>																	
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7.		ess: Ente			-	•																											
8. Authorization of Reporting Agent to Sign and File Returns: For 940, 940-PR, 943, 943-PR, 944, 944-PR and 945, enter the first tax year (2006, 2007, etc.) ADP will start the annual filing. For forms 941, 941-PR and 941-SS, enter the quarter and year (4/05, 1/06, etc.) ADP will file this return for the first time.														ile																			
9. Authorization of Reporting Agent to Make Deposits and Payments: For deposits, enter the first month of the quarter and year (1/06, 4/06, 7/06, and 10/06) ADP will make any deposit, regardless of the tax type provided.																																	
10a. Disclosure of Information to Reporting Agent: These premarked boxes will allow ADP to receive a copy of notices and other communication 10b. from the IRS related to the authorization granted on Line 8 and/or Line 9.															.1																		
11. Form W-2 Series or Form 1099 Series Disclosure Authorization: For W-2/1099, enter the first year ADP is authorized to discuss the W-2/1099 information with the IRS. (This includes Form 1099R and Form 1099-MISC)																																	
12.	12. State and Local Authorization: Enter the quarter (1,2,3,4) and the year ADP will make any deposit for any State.																																
13. Signature of Taxpayer or Authorized Representative: After reading the Authorization Agreement, an officer of the company must enter his/her name and title as appropriate and then sign and date the LPOA. (The sole proprietor of a business or the member of a partnership will not have a title to show here.) <i>The name, signature, and date must be entered.</i>																																	
940 940	Federal Forms 940 Employer's Annual Federal Unemployment (FUTA) 940-PR Employer's Annual Federal Unemployment (FUTA) – Puerto Rico *941 Employer's Quarterly Federal Tax Return 941-SS Employer's Quarterly Federal Tax Return for American Samoa, Guam, Northern Mariana, and Virgin Islands																																

- 943 Employer's Annual Federal Tax Return for Agricultural Employees
- 943-PR Employer's Annual Federal Tax Return for Agricultural Employees Puerto Rico
- *944 Employer's Annual Federal Tax Return
- *944-PR Employer's Annual Federal Tax Return Puerto Rico
- 945 Employer's Quarterly Federal Tax Return for NW2 Employees

*Recommend marking both 941 and 944 for new and small employers.