

Reporting Agent Authorization (State Limited Power of Attorney & **Tax Information Authorization)**

1 Co/Code	2 Branch	3 Federal ID Number														

(In accordance with Internal Revenue Service Revenue Procedures)																																		
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	REPORTING AGENT: ADP Tax Services, 400 West Covina Boulevard, San Dimas, CA 91773, ID # 22-3006057, 800/235-7212																																	
Authorization of Reporting Agent to Sign and File Returns																																		
8 Use the entry lines below to indicate the tax return(s) to be filed by the Reporting Agent. Enter the beginning year for annual tax returns or beginning quarter for quarterly tax returns. See the instructions for how to enter the quarter and year. Once this authority is granted, it is effective until revoked by the taxpayer or Reporting Agent.																																		
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Authorization of Reporting Agent to Make Deposits and Payments 9 Use the entry lines below to enter the starting date (the first month and year) for any tax return(s) for which the Reporting Agent is authorized to make deposits or payments. See the instructions for how to enter the month and year. Once this authority is granted, it is effective until revoked by the taxpayer or Reporting Agent.																																		
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12 By checking the box to the right and signing in Box 13 below, the taxpayer identified above hereby appoints ADP as Reporting Agent and grants ADP a limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media, or on paper for all state and local jurisdictions in which the taxpayer is required to file tax returns and make tax deposits. ADP is also hereby authorized to receive notices, correspondence and transcripts from all applicable state and local jurisdictions, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information from applicable state and local jurisdictions related to taxpayer's employment tax returns and deposits for the tax periods indicated in Section 8 above and all returns filed and deposits made by ADP from the date hereof.														3																				
This authorization shall include all applicable state and local forms and shall commence with the tax period indicated and shall remain in effect through all subsequent periods until either revoked by the tax payer or terminated by ADP. Unless the tax payer is required to file or deposit electronically. ADP will, in its														/ Qtr/	Yr																			
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I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made. If Line 8 is completed, the Reporting Agent named above is authorized to sign and file the return indicated, beginning with the quarter or year indicated. If any starting dates on line 9 are completed, the Reporting Agent named above is authorized to make deposits and payments beginning with the period								I certify that I have the authority to execute this form and authorize disclosure of otherw confidential information on behalf of the taxpayer. Name (Required)												nerwi	ise													
indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or Reporting Agent. I am authorizing the IRS to disclose otherwise										-	Title																							
on Line 8 and/or Line 9 including disclosure required to process Form 8655.																																		
Disclosure authority is effective upon signature of the taxpayer and IRS receipt of Form 8655. The authority granted on Form 8655 will not revoke any Power of Attorney (Form 2848) or Tax Information Authorization (Form 8821) in effect. Date (Required)																																		

Date (Required)

For Privacy Act and Paperwork Reduction Act notice, see attached. TX-6931 Revised: 12/06/2007