

POWER OF ATTORNEY

CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION
EMPLOYMENT DEVELOPMENT DEPARTMENT

Check below to indicate the appropriate agency. Please note that a separate form must be completed and provided to **each** agency checked.

- | | |
|---|---|
| <input type="checkbox"/> CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION
PO BOX 942879
SACRAMENTO, CA 94279-0001
1-800-400-7115 (CRS:711) | <input type="checkbox"/> EMPLOYMENT DEVELOPMENT DEPARTMENT
PO BOX 826880 MIC:28
SACRAMENTO, CA 94280-0001
1-916-654-7263 • FAX 1-916-654-9211 |
|---|---|

TAXPAYER'S NAME	BUSINESS OR CORPORATION NAME	TELEPHONE NUMBER	FAX NUMBER
SOCIAL SECURITY NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER	CALIFORNIA SECRETARY OF STATE NUMBER(S)	
CALIFORNIA DEPARTMENT OF TAX AND FEE ADMINISTRATION ACCOUNT/PERMIT(S)		EDD EMPLOYER ACCOUNT NUMBER	

MAILING ADDRESS (number and street, city, state, ZIP Code)

EMAIL ADDRESS

- Individual
 Partnership
 Corporation
 Limited Liability Company
 Other

As owner, officer, receiver, administrator, or trustee for the taxpayer, or as a party to the tax or fee matter before the:

- California Department of Tax and Fee Administration
 Employment Development Department

I hereby appoint: [enter below the name(s) of the individual appointee(s), their address(es) (including ZIP Code), their telephone number(s) and fax number(s)—do not enter names of accounting or law firms, partnerships, corporations, among others, as the appointee name]

APPOINTEE NAME	APPOINTEE NAME
APPOINTEE BUSINESS NAME (if applicable)	APPOINTEE BUSINESS NAME (if applicable)
APPOINTEE ADDRESS (number and street)	APPOINTEE ADDRESS (number and street)
(city) (state) (ZIP Code)	(city) (state) (ZIP Code)
EMAIL ADDRESS	EMAIL ADDRESS
TELEPHONE NUMBER FAX NUMBER	TELEPHONE NUMBER FAX NUMBER

As attorney(s)-in-fact to represent the taxpayer(s) for the following tax or fee matter(s): [specify type(s) of tax]

- | | |
|---|--|
| <input type="checkbox"/> Tax and fee programs administered by CDTFA | <input type="checkbox"/> Benefit reporting |
| <input type="checkbox"/> Payroll tax law | <input type="checkbox"/> Other: |

SPECIFY THE TAX OR FEE YEAR(S) OR PERIOD(S)

(The back of this form must be completed)

The attorney(s)-in-fact (or any of them) are authorized, subject to revocation, to receive confidential tax information, and to perform on behalf of the taxpayer(s) the following act(s) for the tax or fee matter(s) described above:

[check the box(es) for the power(s) granted]

- General authorization *(including all acts described below)*.
- Specific authorization *(selected acts described below)*.
 - To confer and resolve any assessment, claim, or collection of a deficiency or other tax or fee matter pending before the identified agency and attend any meetings or hearings thereto for the specified law identified above.
 - To receive, but not to endorse and collect, checks in payment of any refund of taxes, penalties, or interest.
 - To execute petitions, claims for refund, and/or amendments thereto.
 - To execute consents extending the statutory period for assessment or determination of taxes.
 - To represent the taxpayer for changes to their mailing address for any and all payroll tax law, benefit reporting, or both payroll tax law and benefit reporting.
 - To execute settlement agreements under section 1236 of the California Unemployment Insurance Code.
 - To delegate authority or to substitute another representative.
 - Other *(specify)*:

This power of attorney revokes all earlier power(s) of attorney on file with the California Department of Tax and Fee Administration or the Employment Development Department as identified above for the same matters and years or periods covered by this form, except for the following: *[specify to whom granted, date and address, or refer to attached copies of earlier power(s)]*

NAME	DATE POWER OF ATTORNEY GRANTED
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ADDRESS *(number and street, city, state, ZIP Code)*

Unless limited, this power of attorney will remain in effect until the final resolution of all tax or fee matters specified herein.

(specify expiration date if limited term)

TIME LIMIT/EXPIRATION DATE *(for California Department of Tax and Fee Administration purposes)*

Signature of taxpayer(s)—If a tax or fee matter concerns a joint return, **both** spouses must sign if joint representation is requested. If you are a corporate officer, partner, guardian, tax or fee matters partner/person, executor, receiver, registered domestic partner, administrator, or trustee on behalf of the taxpayer, by signing this power of attorney, you are certifying that you have the authority to execute this form on behalf of the taxpayer.

▶ IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL, IT WILL BE RETURNED AS INVALID.

SIGNATURE	TITLE <i>(if applicable)</i>	DATE
PRINT NAME		TELEPHONE NUMBER
SIGNATURE	TITLE <i>(if applicable)</i>	DATE
PRINT NAME		TELEPHONE NUMBER