

Type or print.

Read Instructions before completing this form. Failure to provide all required information will result in this form not being valid and will delay the effective date of the power of attorney (POA). It may take up to four to six weeks to process the form.

1. Taxpayer Information

Taxpayer(s) must sign and date this form on page 2, section 8.

Taxpayer Name _____ Social Security Number (SSN) _____

Federal Employer Identification Number (FEIN) _____

Taxpayer Address _____ City _____ State _____ ZIP _____

If this POA is for a business, provide legal and trade names.

Business Legal Name _____ Business Trade Name _____

Business Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

Spouse is only applicable if you filed joint returns.

Spouse Name _____ SSN _____

Spouse Address _____ City _____ State _____ ZIP _____

Phone _____ Email _____

2. Representative(s)

You must include SSN, FEIN, or Preparer's Tax ID Number (PTIN). Include a schedule for additional representatives. Centralized Authorization File (CAF) numbers and law license numbers are not accepted.

Individual's Name (Required) Sue Larocca

SSN, FEIN, or PTIN of Representative (Required) 59-2022495

Firm or Company's Legal Name (for Individual Listed above) CompuPay, Inc, dba BenefitMall

Mailing Address 3450 Lakeside Drive, Suite 400, Miramar, FL 33027

Phone (954) 874-4800 Fax (954) 874-0582 Email dl-electronictaxfiling@benefitmall.com

Individual's Name (Required) _____

SSN, FEIN, or PTIN of Representative (Required) _____

Firm or Company's Legal Name (for Individual Listed above) _____

Mailing Address _____

Phone _____ Fax _____ Email _____

The above representatives are hereby appointed as attorney(s)-in-fact to represent the taxpayer(s) before the Iowa Department of Revenue for the following tax matter(s):

3. Tax Matters This section is required. List specific taxes.

Tax type, permit, and specifically dated tax periods must be provided.

Tax Type (See instructions for options)	Iowa Tax Permit Number (Leave blank for income taxes)	Beginning Tax Period (MM/YY) (Unlimited prior periods)	Ending Tax Period (MM/YY) (Limited to 3 years from date form is received)
Withholding		_____/20____	_____/20____

4. Acts Authorized (Do not name additional representatives in this section.)

Representatives are authorized to receive and inspect confidential tax information and to perform any and all acts with respect to the tax matters described in section 3. For example, the representative may negotiate, sign any agreements, consents, or other documents, and represent the taxpayer(s) in any informal and formal proceeding involving the Department. See Instructions for full list of authorized activities. The authority does not include the power to receive refund checks, unless specifically added in section 5 below. List any specific additions or deletions to the acts otherwise authorized in this power of attorney:

Additions: _____

Deletions: _____

5. Receipt of Refund Checks

If you want to authorize a representative named in section 2 to receive, but not to endorse or cash, refund checks, initial here _____ and list the name of that representative below.

Name of representative to receive refund check(s) _____

6. Notices and Communications

Original notices and other written communications will be sent to you and the taxpayer. A copy will be sent to the first representative listed in section 2.

7. Retention or Revocation of Prior Power(s) of Attorney

The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Iowa Department of Revenue for the same tax matters and tax periods covered by this document.

If you do not want to revoke a prior power of attorney, check here

You must attach a copy of any power of attorney you want to remain in effect.

8. Signature of Taxpayer(s)

If a tax matter concerns a joint individual income tax return, both spouses are required to sign this form, if represented by the same individual(s).

If signed by a corporate officer, partner, member, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer: I certify that I have the authority to execute this form on behalf of the taxpayer.

If the taxpayer is an entity with more than one owner or member, a second signature of a person authorized to legally bind the entity is required.

If this form is not signed and dated, this power of attorney will not be valid. The form will be returned to you.

Signature _____ Date _____

Print Name _____ Title _____

Signature _____ Date _____

Print Name _____ Title _____

Mail to:
Registration Services
Iowa Department of Revenue
PO Box 10470
Des Moines IA 50306-0470

Or fax to: 515-281-3906

Purpose of form

Taxpayer information is confidential. The Iowa Department of Revenue will discuss confidential tax information only with the taxpayer, unless the taxpayer has a valid power of attorney form on file with the Department.

A power of attorney is required by the Department when the taxpayer wishes to authorize another person to perform one or more of the following on behalf of the taxpayer:

- a. To receive copies of notices or documents sent by the Department, its representatives, or its attorneys.
- b. To receive (but not to endorse and collect) checks in payment of any refund of Iowa taxes, penalties, or interest.
- c. To request waivers (including offers of waivers) of restrictions on assessment or collection of tax deficiencies and waivers of notice of disallowance of a claim for credit or refund.
- d. To request extensions of time for assessment or collection of taxes.
- e. To fully represent the taxpayer(s) in any formal or informal meeting with the Department, hearing, determination, final or otherwise, or appeal.
- f. To enter into any compromise with the Department.
- g. To execute any release from liability required by the Department before divulging otherwise confidential information concerning taxpayer(s).
- h. Other acts as expressly stipulated in writing by the taxpayer.

3. Tax Matters

Tax type options

Enter tax type in section 3 and include beginning and ending dates for each. Valid tax types are: Individual Income, Partnership, Corporation, Sales, Use, Withholding, Franchise, Inheritance, Fiduciary, or Other (specify).

Tax periods

Specific tax periods must be identified. Each tax period must be separately stated.

Beginning tax period

An unlimited number of prior tax periods is allowed.

Ending tax period

An attorney-in-fact may be appointed to represent the taxpayer for tax periods ending no later than three years after the date the form is received by the Department. Once appointed, the power of attorney is effective indefinitely for the tax types and tax periods indicated on the form.

7. Retention / Revocation of prior Power(s) of Attorney

Canceling a power of attorney

A power of attorney may be revoked by a taxpayer at any time by filing a statement of revocation with the Department. The statement must indicate that the authority of the previous power of attorney is revoked and must be signed and dated by the taxpayer. Also, the name and address of each representative whose authority is revoked must be listed or a copy of the power of attorney must be included. Revocation of the authority to represent the taxpayer before the Department will be effective on the date received by the Department.

Submitting a new power of attorney

A new power of attorney for a particular tax type(s) and tax period(s) revokes a prior power of attorney for those tax type(s) and tax period(s), *unless* the taxpayer indicates on the new power of attorney form that a prior power of attorney is to remain in effect. The effective date of a new power of attorney is the date it is received by the Department.

For a previously-designated representative to remain as the taxpayer's representative when a new power of attorney form is filed, a taxpayer must attach a copy of the prior power of attorney form that designates the representative that the taxpayer wishes to retain.

Withdrawing as a representative

A representative may withdraw from representing a taxpayer by filing a statement with the Department. The statement must be signed and dated by the representative and must identify the name and address of the taxpayer(s) and the matter(s) from which the representative is withdrawing.

8. Signature of Taxpayer(s)

Who must sign?

Individual taxpayer. A power of attorney form must be signed by the individual.

Joint returns. If a tax matter concerns a joint individual income tax return, both taxpayers must sign and date.

Corporation. An officer of the corporation having authority to legally bind the corporation must sign the power of attorney form. The corporation must certify that the officer has such authority.

Association. An officer of the association having authority to legally bind the association must sign the power of attorney form. The association must certify that the officer has such authority.

Partnership. A power of attorney must be signed by all partners, or if executed in the name of the partnership, by the partner or partners duly authorized to act for the partnership, who must certify that the partner(s) has such authority.

Federal Power of Attorney

The Federal Power of Attorney form or a Military Power of Attorney is accepted by the Iowa Department of Revenue. To be valid, the federal or military form must include a statement that it is applicable for Iowa purposes at the time it is executed. In the case of a previously executed Federal or Military Power of Attorney subsequently revised to apply for Iowa purposes, it must contain a written statement that indicates it is being submitted for use with State of Iowa forms and the statement needs to be initialed by the taxpayer. Iowa allows married taxpayers to file one Iowa Power of Attorney form on behalf of both spouses. The IRS requires separate Power of Attorney forms for each spouse. If the Federal Power of Attorney is being used for Iowa purposes by married taxpayers, both federal forms must be submitted to Iowa.