

**KANSAS DEPARTMENT OF REVENUE
POWER OF ATTORNEY**

800618

1. TAXPAYER INFORMATION.

Include spouse's name if this is for a joint return. If a business, enter both its legal name and its trade or DBA name. Both the person granting and the person being granted the power of attorney **must** sign and date this form below in Sections 3 and 4.

Taxpayer's Name (if a business include both legal name and DBA name)				Taxpayer's Social Security Number
Address	City	State	Zip Code	EIN/SSN/PTIN
Spouse's Name				Spouse's Social Security Number
Address (if different)	City	State	Zip Code	Area Code & Phone Number

2. TAXPAYER GRANT OF POWER OF ATTORNEY.

I hereby appoint the following attorney, accountant, or other representative as my attorney-in-fact:

Representative's name and title (if member of a firm, enter both the representative's name and firm name) CompuPay, Inc. dba BenefitMall Attn:Sue Larocca			Phone Number (954) 874-4800
Address 3450 Lakeside Drive, Suite 400			Fax Number (954) 874-0593
City Miramar	State FL	Zip Code 33027	EIN/SSN/PTIN 59-2022495
Representative's name and title (if member of a firm, enter both the representative's name and firm name)			Phone Number
Address			Fax Number
City	State	Zip Code	EIN/SSN/PTIN

To represent me before the Kansas Department of Revenue for the following tax matters:

Type of Tax (Individual Income, Sales, Withholding, etc.)	Tax Year(s) or Period(s)
Withholding	-----

AUTHORIZED ACTS.

For the tax types and periods listed, the representative(s) are authorized to (check all applicable boxes):

- Receive and inspect my confidential tax information.
- Represent me in tax matters before the department.
- Sign agreements, consents or other documents on my behalf.
- Perform any act that I can perform with respect to the tax matter listed above.

List any specific additions or deletions to the acts that are otherwise authorized in this power of attorney (see Instructions).

RETENTION/REVOCAION OF PRIOR POWERS OF ATTORNEY.

I hereby revoke all earlier powers of attorney on file with the Kansas Department of Revenue for the same tax matters and periods covered by this document.

- Check here if you DO NOT wish to revoke a prior power of attorney. **Enclose** a copy of any power of attorney you wish to remain in effect.

3. SIGNATURE OF TAXPAYER(S). If a tax matters concern a joint return, both husband and wife must sign when joint representation is requested. When a corporate officer, partner, guardian, executor, receiver, administrator, or trustee signs this section on behalf of a taxpayer, the signatory also certifies that the signatory is authorized to execute this form on behalf of the taxpayer.

_____	_____	_____
(Signature)	(Printed Name)	(Date)
_____	_____	_____
(Signature)	(Printed Name)	(Date)

4. SIGNATURE OF REPRESENTATIVE(S).

_____	Sue Larocca	_____
(Signature)	(Printed Name)	(Date)
_____	_____	_____
(Signature)	(Printed Name)	(Date)

INSTRUCTIONS FOR POWER OF ATTORNEY AUTHORIZATION

A power of attorney is a legal document authorizing someone to act as your representative. You, the taxpayer, must complete, sign, and return this form if you wish to grant a power of attorney (POA) to an attorney, accountant, agent, tax return preparer, family member, or anyone else to act on your behalf with the Kansas Department of Revenue (KDOR). You may use this form for any matter affecting any tax administered by the department, including audit and collection matters. This POA will remain in effect until the expiration date, if included under Section 2, or until you revoke it, whichever is earlier. KDOR will accept copies of this form, including fax copies.

SECTION 1. TAXPAYER INFORMATION.

Individuals. In the block provided, enter your name, SSN, address, and telephone number in the spaces provided. If this POA is for a joint return and your spouse is designating the same representative or representatives, enter your spouse's name and Social Security number, and your spouse's address if different from your own.

Businesses. Enter both the legal name and the DBA or trade name, if different. For example, if the business is an individual proprietorship, enter the proprietor's name and the name under which business is transacted. (e.g., *Joe Smith dba Joe's Diner*). Also enter the EIN (federal employer identification number), the business address, and telephone number.

Estates. Enter the name, title, and address of the decedent's executor/personal representative in the taxpayer section. Use the spouse's section to enter the decedent's name, date of death, and SSN.

SECTION 2. TAXPAYER GRANT OF POWER OF ATTORNEY.

Representative's name. Complete all the requested information for each representative. If the representative is a member of a firm, enter the firm's name too. If you are designating more than two representatives, please complete another form and attach it to this form. Mark the second form "additional representatives."

Type of tax. Enter the type of tax and the tax years or reporting periods for each tax type. If you wish the power of attorney to apply to all periods and all tax types administered by KDOR, please enter "*All tax types*" in the block for "Type of Tax" and "*All tax periods*" in the block for "Year(s) or Period(s)." If the matter relates to estate, inheritance, or succession tax, please enter the date of the decedent's death.

Authorized acts. Check all boxes that apply. Use the additional lines to limit, clarify, or otherwise define the acts authorized by this POA. For example, if you wish to limit the POA to a specific time period or to establish an expiration date, enter that information and the dates (month, day, and year) on these lines.

Retention/revocation of prior powers of attorney.

Unless otherwise specified, this POA replaces and revokes all previous POAs on file with the department. If there is an existing POA that you do NOT want to revoke, check the box in this section and **enclose a copy of each POA that will remain in effect.**

If you wish to revoke an existing POA without naming a new representative, attach a copy of the previously executed POA. On the copy of the previously executed POA, write "REVOKE" across the top of the form, and initial and date it again under your signature or signatures already in Section 3.

SECTION 3. SIGNATURE OF TAXPAYER(S).

You must sign and date the POA. If a joint return is being filed and both husband and wife intend to authorize the same person to represent them, both spouses must sign the POA unless one spouse has authorized the other in writing to sign for both. You must attach a copy of your spouse's written authorization to this POA.

SECTION 4. SIGNATURE OF REPRESENTATIVE(S).

Each representative that you name must sign and date this form.

TAXPAYER ASSISTANCE

If you have questions about this form, please visit or call our office.

Taxpayer Assistance Center
Scott State Office Building
120 SE 10th St.
PO Box 3506
Topeka, KS 66601-3506
Phone: 785-368-8222

The Department of Revenue office hours are 8 a.m. to 4:45 p.m., Monday through Friday.

Additional copies of this form are available from our website at: ksrevenue.org