



# Power of Attorney and Declaration of Representative

## 1. Taxpayer Information (Provide information for only one taxpayer per form)

Name			Identification number(s)	
Address			Daytime telephone number(s)	Fax number
City	State	ZIP Code	Email address	

## 2. Representative(s)

I hereby appoint the following representative(s) as attorney(s)-in-fact: (attach additional pages if needed)

Name and address Compupay, Inc., dba BenefitMall Attn: Sue Larocca 3450 Lakeside Dr., Suite 400 Miramar, FL 33027	Telephone: (954) 874-4800
	Fax number: (954) 874-0582
	Email: dl-electronictaxfiling@Benefitmall.com
Name and address	Telephone:
	Fax number:
	Email:

## 3. Tax matter(s)

This declaration authorizes the representative(s) to receive and inspect my confidential tax information and, to the extent not limited in section 4 below, to perform any acts that I can with respect to the tax matter(s) listed below in this section. This power does not include the power to receive funds, substitute or appoint another representative, or disclose confidential tax information to other parties.

Tax Type	Social Security/Account Number	Year(s) or Period(s)	Appeal Number(s)
Withholding	_____	20__ to 20__	_____
_____	_____	_____	_____
_____	_____	_____	_____

## 4. Acts NOT Authorized (Check only the boxes of those acts for which authority is NOT given)

My representative(s) is NOT authorized to perform the following acts which would otherwise be authorized:

- Sign returns     Amend returns     Negotiate agreements     Sign agreements/consents/similar documents
- Reallocate payments between tax types/periods     Represent me in adjudicative proceedings before the Commission
- Facilitate audits     Other: \_\_\_\_\_

## 5. Authorized Signature

Unless you check the box below, filing this power-of-attorney will revoke all earlier power(s)-of-attorney on file with the Tax Commission for the same matters and years/periods covered in this document.

- Check this box if you do not wish to revoke all prior power(s)-of-attorney.

\_\_\_\_\_  
Taxpayer signature \_\_\_\_\_  
Date

If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power-of-attorney on behalf of the taxpayer.

\_\_\_\_\_  
Representative signature \_\_\_\_\_  
Title \_\_\_\_\_  
Date