

## Part 1 – Taxpayer Information

Taxpayer's last name or business name		Taxpayer's first name		ID number
Spouse's last name		Spouse's first name		Spouse's ID number
Current address				Daytime telephone number
City	State	Zip code	Email address (optional)	

## Part 2 – Representative(s)

If an individual(s) name is provided, authority is limited to that individual(s). If a business name is provided without specifying an individual, authority is granted to employees of the business.

**Check only one** (see instructions):

**Add** - appoints a new or additional representative

**Revoke** - ends the representative named below

Business legal name COMPUPAY INC. DBA BENEFITMALL			Telephone number ( 954 ) 874 - 4800	
Individual's last name LAROCCA		Individual's first name SUE		Telephone number ( 954 ) 874 - 4800
Individual's last name		Individual's first name		Telephone number ( ) -
Mailing address 3450 LAKESIDE DRIVE, SUITE 400				Fax number ( 954 ) 870 - 0582
City MIRAMAR	State FL	Zip code 33027	Email address dl-electronictaxfiling@benefitm	

If revoking a representative, skip Part 3 and sign and date the form.

## Part 3 – Authority Granted

**I grant full authority to the representative(s)** - The representative(s) named above has full authority to perform any act with respect to matters before the department that the taxpayer(s) can and may perform, including receiving confidential Wisconsin tax information. **Note:** If granting full authority, do not check any boxes on the next page.



Taxpayer Name	ID Number
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**Part 3 – Authority Granted** *(continued)*

**I grant limited authority to the representative(s)** - (check only items below for which you are granting authority.) The representative(s) named above has authority to perform any act, with respect to the items checked below, that the taxpayer(s) can and may perform, including the authority to receive confidential Wisconsin tax information.

- Limited Authority**                      **Period(s) (optional)**
- Income or Franchise Taxes \_\_\_\_\_
  - Sales and Use Taxes \_\_\_\_\_
  - Excise Taxes \_\_\_\_\_
  - Property Taxes \_\_\_\_\_

- Limited Authority**                      **Period(s) (optional)**
- Employer Withholding Taxes 20\_\_ - 20\_\_
  - Pass-Through Withholding Taxes \_\_\_\_\_
  - Nontax Debt \_\_\_\_\_
  - Other (describe below) \_\_\_\_\_

**Part 4 – Signature of Taxpayer(s)**

*I understand that the execution of this Power of Attorney does not relieve me of personal responsibility for correctly and timely reporting and paying taxes, or from the penalties, fees, or interest for failure to do so, all as provided for under Wisconsin tax law. I understand a photocopy, faxed copy, and/or electronic copy of this form has the same authority as the signed original.*

*If signed by a corporate officer, general partner, managing member, 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.*

Signature	Title	Date
Signature	Title	Date

**Note:** All notices that are automatically generated by the department’s computer system will be sent only to the taxpayer. If the representative needs copies of these notices, the representative must request a copy each time a notice is issued if it cannot be accessed in My Tax Account as an approved third party.

