

West Virginia State Tax Department Authorization of Power of Attorney

Authorization giving the person you name on this form specified powers to act on your behalf in interacting or communicating with the West Virginia State Tax Department
Type or print the information you provide on this form. **Incomplete, faxed, or photocopied forms will be REJECTED.**

1 PRINCIPAL INFORMATION The business or individual granting the power of attorney			
Print Name of Individual or Business	SSN, FEIN, or Tax ID #	Phone #	
Print Name of Spouse or Corporate Officer and Title	SSN, FEIN, or Tax ID #	Phone #	
Address	City	State	Zip
2 AGENT INFORMATION The individual(s) receiving the power of attorney			
CompuPay, Inc. dba BenefitMall	Sue Larocca	2605-3884-1R	954-874-4800
Print Name of Agent	SSN, Bar #, or CAF #	Phone #	
3450 Lakeside Drive, Suite 400	Miramar	FL	33027
Address	City	State	Zip
3 EXPIRATION <i>The powers granted by this authorization are valid until...</i>			
<input type="checkbox"/> Revoked.		<input type="checkbox"/> <i>Liability for delinquent tax or taxes listed below is satisfied.</i>	
<input type="checkbox"/> (Month/Day/Year)		<input type="checkbox"/> <i>Other (explain)</i>	
4 AUTHORIZATION			
4A DESCRIPTION OF MATTER Description of the limits of the authorization			
Type Of Tax Account # (if known) (Personal Income, Estate, etc.)	Month, Quarter, Or Year Of Return (Date of Death if Estate Taxes)		
Business Withholding	20__ - 20__		
4B ACTS AUTHORIZED Check ONE of the Following:			
<input checked="" type="checkbox"/> Full Authority <i>I hereby give the agent named above authorization to act on my behalf in interacting or communicating with the WV State Tax Department; to receive confidential information concerning me; to extend the period during which I am liable for assessment/payment of the above listed taxes; to sign and return forms; to make and sign agreements settling matters in dispute; to assign this Power of Attorney to another person approved by me in writing; and to receive (but not to endorse and cash) any checks issued by the WV Tax Department.</i>			
<input type="checkbox"/> Restrictions <i>I hereby give the agent named above authorization to act for me in dealing with the WV State Tax Department with the following restrictions:</i>			
_____ Signature of Principal Individual (Signature of Corporate Officer if for a business)		_____ Signature of Spouse (if any returns listed above are joint returns)	
Date		Date	
5 WITNESS or NOTARY Check and complete ONLY ONE of the following.			
If the power of attorney is granted to a person other than an attorney or certified public accountant, the taxpayer(s) signature must be witnessed or notarized.			
<input type="checkbox"/> Witness The person(s) signing as/for the taxpayer(s) is/are known to and signed in their presence of the two disinterested witnesses who have signed below:		<input type="checkbox"/> Notary The person signing as/for the taxpayer(s) appeared this day before a notary public and acknowledged this power of attorney as a voluntary act and deed:	
_____ Signature of Witness Date		_____ Signature of Notary Date	
_____ Telephone #			
_____ Signature of Witness Date		NOTARY SEAL	
_____ Telephone #			
TAX OFFICE USE ONLY: REJECTED <input type="checkbox"/> ATTACHED <input type="checkbox"/> NOTED <input type="checkbox"/>			