

# Limited Power of Attorney And Tax Information Authorization

(In accordance with Internal Revenue Service Revenue Procedures – substitute for Form 8655)

**TAXPAYER FEDERAL I.D. NUMBER**

1.
2. New Federal I.D. Number
3. Seasonal or Intermittent Filer
4. Additional State Authorization Only
5. **FOR REPORTING AGENT USE ONLY**  
Company Number

**6. TAXPAYER LEGAL NAME** (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.): \_\_\_\_\_

**7. DBA NAME** (Include spaces, ampersands, and hyphens. Do not enter any other punctuation.): \_\_\_\_\_

**8. LEGAL ADDRESS** (As on file with the Internal Revenue Service. Please ensure you show street address, city, state and zip code): \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

Paycycle, Inc., an Intuit company, is authorized as a designee of the taxpayer to receive copies of notices, correspondence, transcripts, deposit frequency data, or other information with respect to employment tax returns filed and deposits made by the designee. **Note: Do Not Change Taxpayer Address of Record**

If the taxpayer is required to file a return electronically or to submit tax deposit data electronically, Paycycle, Inc. is required to file the return and submit the deposit data electronically for the taxpayer. If the taxpayer is not required to file or deposit electronically, Paycycle, Inc. may file or make deposits on their behalf in one of the methods indicated below:

9. For Reporting Agent Use Only						
FEDERAL TAX DEPOSITS						
Form	Filing Method		Filing Period	Form	Payment Method	Deposit Period
			(qq/yyyy)			(mmyyyy)
941	M	E	(qq/yyyy)	941	E	
940	M	E	(yyyy)	940	E	
943	■	■	(yyyy)	943	E	
945	■	■	(yyyy)	945	E	

10. STATE FORMS/DEPOSITS			
STATE NAME	STATE ID NUMBER	TAX TYPE	FILING PERIOD (qqyyyy)

The Limited Power of Attorney and Tax Information Authorization revokes all earlier tax filing powers of attorney and tax information authorizations on file with respective tax authorities with respect to the same tax matters and tax periods covered hereby, but has no effect on any other Power of Attorney or authorization.

**11. Signature of Taxpayer or Authorized Representative**

I understand that this authorization does not absolve me as the taxpayer of the responsibility to ensure that all returns are filed and all taxes are paid on time. Paycycle, Inc. is hereby appointed Reporting Agent with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media, or on paper, for the above stated taxpayer to Federal, State, and Local jurisdictions. This authorization shall include the appropriate State and Local forms and related deposits, Federal employment tax forms with related deposits as designated above, beginning with the tax period indicated and remaining in effect through subsequent periods until the taxpayer or designee notifies IRS or the appropriate State and Local jurisdictions, that this authorization is terminated or revoked. I authorize the taxing authorities to disclose otherwise confidential information to Paycycle, Inc. as necessary to discuss or provide filing or account information relating to employment tax returns filed or to be filed and/or deposits made or to be made by Paycycle, Inc. (including information relating to any penalty resulting from such deposits) as well as deposit requirements. I certify that I have the authority to authorize the disclosure of otherwise confidential tax data on behalf of the taxpayer.

\_\_\_\_\_  
Printed Name (Required)

\_\_\_\_\_  
Title (Required)

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature (Required)

\_\_\_\_\_  
Date (Required)

*Gregory W Gann*