



711 Coliseum Plaza Court
Winston-Salem, NC 27106
(336) 773-1028 voice
(336) 773-1055 fax

Limited Power of Attorney

Limited power of attorney and tax information authorization (in accordance with Internal Revenue Service regulations)

Tax Service

Name of Taxpayer or Company _____

Trade or DBA Name _____ Flex-pay Company # _____

Federal EIN _____ State Unemployment Acct # _____

State W/H Acct ID _____ State W/H Filing Freq: *Semi-Weekly(accelerated)* / *Monthly* / *Quarterly*

Beginning Tax Period: *1st* *2nd* *3rd* *4th* Tax Year: *2006* *2007* *2008* *2009* *2010*

Flex-pay is hereby appointed as attorney-in-fact with authority to receive, sign and file state withholding and/or state unemployment tax returns and make tax deposits.

The attorney-in-fact shall also be authorized as a designee of the taxpayer to receive copies of notices, correspondence and transcripts with respect to state withholding and/or state unemployment tax returns filed by the designee.

This authorization shall include the appropriate state withholding and/or state unemployment forms beginning with the tax period indicated and remain in effect through subsequent tax periods until notified by the tax payer, or the designee of the designee, or termination or revocation of the authorization.

This limited power-of-attorney and tax information authorization revokes all earlier tax filing power-of-attorney and tax information authorizations in file with the respective taxing authorities with the respect to the same tax matters and tax periods covered hereby.

Client Signature _____ Date: _____
(Authorized Officer)

Client Name and Title: _____
(Please Print)