



POWER OF ATTORNEY (POA) DECLARATION

SEE INSTRUCTIONS ON THE BACK OF THIS FORM.

I. EMPLOYER/TAXPAYER INFORMATION *(please type or print)*

California Employer Payroll Tax Account Number: <i>(if applicable)</i>		Federal Employer Identification Number:	
Owner/Corporation Name:		Corporate Identification Number:	
Business Name/Doing Business As (DBA):			
Business Mailing Address:		City:	State: ZIP Code:
Business Phone Number:		Business Fax Number:	
Business Location <i>(if different from above)</i> :		City:	State: ZIP Code:

II. REPRESENTATIVE DESIGNATION *(please type or print)*

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business:		
Representative's Name:	Phone Number:	Fax Number:
Business Mailing Address:	City:	State: ZIP Code:

III. AUTHORIZED ACT(S)

- GENERAL AUTHORIZATION:** If you want to give the representative general authority to perform all acts on your behalf with regard to your state tax matters.
- SPECIFIC DECLARATION:** If you want to give the representative limited authority with regard to your state tax matters, indicate the specific dates and acts you are authorizing.
- From _____ To _____ tax matters, indicate the specific dates and acts you are authorizing.
- To represent the employer/taxpayer for any and all
- Tax Reporting Benefit Reporting Both matters relating to the reporting period indicated above.
- To represent the employer/taxpayer for changes to their mailing address for any and all
- Tax Reporting Benefit Reporting Both matters relating to the reporting period indicated above.
- Other acts: *(describe specifically)*
- Subject to revocation, the above representative is authorized to receive confidential information.

IV. SIGNATURE AUTHORIZING POWER OF ATTORNEY

Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the employer/taxpayer: If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.

If this Power of Attorney Declaration is not signed and dated, it will be returned as invalid.

I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not to be taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business.

Signature

Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)

Print Name

Date