



POWER OF ATTORNEY DECLARATION

SEE INSTRUCTIONS ON THE BACK OF THIS FORM

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

California Employer Account Number:	Federal Employer Identification Number (FEIN):	
Owner/Corporation Name:	Social Security Number (SSN)/Corporate Identification Number:	
Business Name/Doing Business As (DBA):		
Business Mailing Address:		
City:	State:	ZIP Code:
Business Telephone No.: ()	Business Fax No.: ()	
Business Location <i>(if different from above)</i> :		
City:	State:	ZIP Code:

II. REPRESENTATIVE DESIGNATION

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:	Telephone No.: ()	Fax No.: ()
Street 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.
- 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.

Signature	Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)
Print Name	SSN
	Date