



STATE WITHHOLDING TAX LIMITED POWER OF ATTORNEY

Taxpayer Legal Name _____

Federal ID Number _____

State _____ State Withholding ID _____

Choice Payroll Services, Inc. is hereby appointed Attorney-in-Fact with respect to state withholding taxes for the above named employer. Choice Payroll Services, Inc. is authorized to prepare, sign, and file state withholding tax returns and make the associated payments. Choice Payroll Services, Inc. is also authorized to make inquiries and submit correspondence to the appropriate agencies on behalf of the employer.

This authorization shall remain in effect from the date of signature below until revoked in writing by either the taxpayer or Choice Payroll Services, Inc.

Designee Address:

Choice Payroll Services, Inc.
290 S. Main St., Suite 500
Alpharetta, Georgia 30004

This Limited Power of Attorney revokes all earlier powers of attorney on file with the respective tax agencies that refer to the same tax matters and periods covered herein.

By: _____ Date: _____
(authorized officer signature)

Client Name and Title (printed) _____