

KANSAS DEPARTMENT OF REVENUE

POWER OF ATTORNEY

1. **TAXPAYER INFORMATION.** Include spouse's name if this is for a joint return. If the taxpayer is a business, enter both its legal name and its trade or DBA name. Both the person granting and the person being granted the power of attorney **must** sign and date this form below in Sections 3 and 4. (If you have any questions about how to complete this form, please see the instructions on the back).

Taxpayer's Name. (If a business include both legal name and dba name.) COMPANY LEGAL NAME				Taxpayer's Social Security #	
Address COMPANY LEGAL ADDRESS		City CITY, STATE ZIP CODE	State	Zip Code	EIN/SSN/PTIN 99-9999999
Spouse's Name				Spouse's Social Security #	
Address (if different)		City	State	Zip Code	Area Code & Phone Number (999) 999-9999

2. **TAXPAYER GRANT OF POWER OF ATTORNEY.**

I HEREBY APPOINT THE FOLLOWING ATTORNEY, ACCOUNTANT, OR OTHER REPRESENTATIVE AS MY ATTORNEY-IN-FACT:

Representative's name and title. If a member of a firm, enter both the representative's name and the firm name. PAYCYCLE INC.		Phone number 888-927-7478
Address 2632 MARINE WAY		Fax number 866-936-0507
City, State, Zip Code MOUNTAIN VIEW, CA 94043		EIN/SSN/PTIN 94-3345425
Representative's name and title. If a member of a firm, enter both the representative's name and the firm name.		Phone number
Address		Fax number
City, State, Zip Code		EIN/SSN/PTIN

TO REPRESENT ME BEFORE THE KANSAS DEPARTMENT OF REVENUE FOR THE FOLLOWING TAX MATTERS:

Type of Tax (Individual Income, Sales, Withholding, etc.)	Tax Year(s) or Period(s)
WITHHOLDING	YYYY - UNTIL REVOKED

AUTHORIZED ACTS. For the tax types and periods listed, the representative(s) are authorized to (check all applicable boxes):

- ☒ Receive and inspect my confidential tax information. ☒ Sign any agreement, consent, or other document on my behalf.
- ☐ Represent me in tax matters before the department. ☒ Perform any act that I can perform with respect to the tax matter listed above.

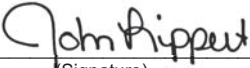
List any specific addition or deletion to the acts that are otherwise authorized in this power of attorney. See Instructions.

Retention/revocation of prior Powers of Attorneys.

I hereby revoke all earlier powers of attorney on file with the Kansas Department of Revenue for the same tax matters and periods covered by this document.

- ☐ Check this box if you DO NOT wish to revoke a prior power of attorney. You **must** attach a copy of any power of attorney you want to remain in effect.

3. **SIGNATURE OF TAXPAYER OR TAXPAYERS.** If a tax matter concerns a joint return, both the husband and wife must sign when joint representation is requested. When a corporate officer, partner, guardian, executor, receiver, administrator, or trustee signs this section on behalf of a taxpayer, the signatory also certifies that the signatory is authorized to execute this form on behalf of the taxpayer.

PRIMARY PRINCIPAL SIGNATURE _____ (Signature)	PRIMARY PRINCIPAL NAME _____ (Printed Name)	MM/DD/YYYY _____ (Date)
_____ (Signature)	_____ (Printed Name)	_____ (Date)
4. SIGNATURE OF REPRESENTATIVE OR REPRESENTATIVES.		
 _____ (Signature)	JOHN LIPPERT _____ (Printed Name)	MM/DD/YYYY _____ (Date)
_____ (Signature)	_____ (Printed Name)	_____ (Date)

INSTRUCTIONS FOR POWER OF ATTORNEY AUTHORIZATION

A power of attorney is a legal document authorizing someone to act as your representative. You - the taxpayer - must complete, sign, and return this form if you wish to grant a power of attorney (POA) to an attorney, accountant, agent, tax return preparer, family member, or anyone else to act on your behalf with the Kansas Department of Revenue. You may use this form for any matter affecting any tax administered by the department, including audit and collection matters. This POA will remain in effect until the expiration date, if included under Section 2, or until you revoke it, whichever is earlier. The department will accept copies of this form, including fax copies.

INSTRUCTIONS

SECTION 1. TAXPAYER INFORMATION.

Individuals. In the block provided, enter your name, SSN, address, and telephone number in the spaces provided. If this POA is for a joint return and your spouse is designating the same representative or representatives, enter your spouse's name and Social Security number, and your spouse's address if different from your own.

Businesses. Enter both the legal name and the DBA or trade name, if different. For example, if the business is an individual proprietorship, enter the proprietor's name and the name under which business is transacted. (e.g., *Joe Smith dba Joe's Diner*). Also enter the EIN (federal employer identification number), the business address, and telephone number.

Estates. Enter the name, title, and address of the decedent's executor/personal representative in the taxpayer section. Use the spouse's section to enter the decedent's name, date of death, and SSN.

SECTION 2. TAXPAYER GRANT OF POWER OF ATTORNEY.

Representative's name. For this block, complete all the requested information for each representative. If the representative is a member of a firm, enter the firm's name too. If you are designating more than two representatives, please complete another form and attach it to this form. Mark the second form "additional representatives."

Type of tax. For this block, enter the type of tax and the tax years or reporting periods for each tax type. If you wish the power of attorney to apply to all periods and all tax types administered by the department, please enter "All tax types" in the block for "Type of Tax" and "All tax periods" in the block for "Year(s) or Period(s)." If the matter relates to estate, inheritance, or succession tax, please enter the date of the decedent's death.

Authorized acts. Check all boxes that apply. Use the additional lines to limit, clarify, or otherwise define the acts authorized by this POA. For example, if you wish to limit the POA to a specific time period or to establish an expiration date, enter that information and the dates (month, day, and year) on these lines.

Retention/revocation of prior powers of attorney.

Unless otherwise specified, this POA replaces and revokes all previous POAs on file with the department. If there is an existing POA that you do NOT want to revoke, check the box in this section and attach a copy of each POA that will remain in effect.

If you wish to revoke an existing POA without naming a new representative, attach a copy of the previously executed POA. On the copy of the previously executed POA, write "REVOKE" across the top of the form, and initial and date it again under your signature or signatures already in Section 3.

SECTION 3. SIGNATURE OF TAXPAYER OR TAXPAYERS.

You must sign and date the POA. If a joint return is being filed and both husband and wife intend to authorize the same person to represent them, both spouses must sign the POA unless one spouse has authorized the other in writing to sign for both. You must attach a copy of your spouse's written authorization to this POA.

SECTION 4. SIGNATURE OF REPRESENTATIVE OR REPRESENTATIVES.

Each representative that you name must sign and date this form.

QUESTIONS?

If you have questions about this form, please visit or call our office.

Taxpayer Assistance Center
Docking State Office Building, 1st Floor
915 SW Harrison St.
Topeka, KS 66612

Phone: (785) 368-8222
Hearing Impaired TTY: (785) 296-6461

The Department of Revenue office hours are 8:00 a.m. to 5:00 p.m., Monday through Friday.

Additional copies of this form are available from our web site at www.ksrevenue.org.