

OKLAHOMA TAX COMMISSION



LIMITED POWER OF ATTORNEY/AGENT AUTHORIZATION FOR PAYROLL PROCESSORS

Mail completed form to: Oklahoma Tax Commission • 2501 N. Lincoln Blvd. • Oklahoma City, OK 73194

Agent Information:

PAYCHEX, INC. **TED JORDAN, ATTY-IN-FACT**
Company Name Contact Name
1175 JOHN STREET **WEST HENRIETTA** **NY** **14586**
Address City State ZIP
585-336-7600
Contact Phone Contact FAX Contact Email

NOTE: At all times, Agent must have on file a current list of employees. This authorization will not extend to an employee whose name has not been included on its list of employees provided to the Oklahoma Tax Commission.

Taxpayer Information:

OK
Federal Tax ID State State Tax ID
Taxpayer Legal Name
DBA Name Phone
Address City State ZIP

(Company Name) and its employees are hereby appointed Limited

Power of Attorney/Agent and granted the authority to:

- **Sign and file** Oklahoma Withholding Tax returns;
- **Make deposits and payments** by the method allowed or required by the taxing jurisdiction for the above stated taxpayer;
- **Receive and discuss information** (including confidential tax information), notices, correspondence, transcripts, deposit frequency data and information requests with respect to Oklahoma Withholding Tax returns filed and deposits or payments, including information from the State or local jurisdictions on the reason for a notice or other information needed to resolve issues with these returns and deposits.

This authorization shall include the form beginning with the tax period indicated and remaining in effect through subsequent periods until the Taxpayer or the Agent notifies the Oklahoma Tax Commission that this authorization is terminated or revoked. If the Taxpayer is required to file a return electronically or to submit payments electronically, the Agent is required to file the return and submit the payment electronically for the taxpayer. If the Taxpayer is not required to file or pay electronically, the Agent may file or make payments on the Taxpayer's behalf by any method allowed.

The execution of this document revokes the following existing Agent Authorizations:

This authorization is valid for the following time periods (once authorized, it is effective until revoked by the Taxpayer or Agent):

- Sign and file returns for the period Beginning: _____ Ending: _____
- Make deposits and payments for the period Beginning: _____ Ending: _____
- Receive and discuss information, including confidential tax information relating to the returns and payments for the above periods
Beginning: _____ Ending: _____

Authorization Agreement:

- The Agent named above is authorized to sign and file returns indicated, beginning with the period indicated above.
- The Agent named above is authorized to make deposits and payments beginning with the period indicated above.
- The authorization granted in this document remains in effect until revoked by the Taxpayer or the Agent.
- I am authorizing the Oklahoma Tax Commission to disclose otherwise confidential tax information to the Agent relating to the authority granted in this document.

Authorized Signature: I certify, under the penalty of perjury, that I am the taxpayer or that I am a corporate officer, LLC member, general partner, tax manager or similar employee authorized to act on tax matters, and that I have the authority to execute this form on behalf of the taxpayer. *(All fields are required.)*

Name Title Phone
Signature Date

**OKLAHOMA EMPLOYMENT SECURITY COMMISSION
POWER OF ATTORNEY – TAX**

I, _____, am the owner or officer with authority to contract for
_____,
Oklahoma Account # _____, Federal ID # _____.

I hereby appoint:

Name: _____
Address: _____
City, State, and Zip: _____
Telephone No.: _____
Fax No.: _____

As attorney-in-fact to represent the above-named taxpayer before the Oklahoma Employment Security Commission with respect to all unemployment insurance tax matters and issues arising pursuant to Article III of the Employment Security Act of 1980. This Power of Attorney shall be effective immediately and shall remain in effect until the Oklahoma Employment Security Commission receives notice of its revocation. A notice of a revocation of a Power of Attorney or a notice of change of address must be in a separate writing and mailed to the Oklahoma Employment Security Commission at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney-in-fact is authorized to receive all confidential information pertaining to the taxpayer's unemployment insurance tax account. This Power of Attorney removes all earlier Powers of Attorney previously granted by the taxpayer for unemployment insurance tax purposes.

Date _____

Signature _____

Printed Name _____

Title _____

ACKNOWLEDGMENT

State of _____)
) SS.
County of _____)

Before me, the undersigned, a notary public in and for this county and state, personally appeared _____ and acknowledged to me that he/she executed the above instrument in his/her official capacity as the free and voluntary act and deed of himself/herself and the taxpayer.

In witness of this fact, I signed this document and affixed my official seal on _____, _____.

**Official Seal with Commission Number
And Expiration Date:**

Notary Public

