

# STANDARD STATE POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT (name) \_\_\_\_\_

INDIVIDUAL/PARTNERSHIP/CORP (circle one) LOCATED AT (ADDRESS):

\_\_\_\_\_

Has made, constituted and appointed, and by these presents does hereby make, constitute and appoint Dedicated Payroll Solutions, Inc., located at 18 Gooding Ave., Bristol RI. 02809, its (his) true and lawful attorney for it (him) and its (his) name, place and stead to execute, and to file on its (his) behalf, returns as listed below.

The employer-taxpayer does further make, constitute and appoint Dedicated Payroll Solutions, Inc. its true and lawful attorney in its place and stead to deposit and remit to the State of \_\_\_\_\_ each of the following for which Dedicated Payroll Solutions, Inc. is hereby authorized herein to file returns.

Check Applicable Tax	Type of Tax	State ID Number for Tax Checked
_____	State Income Tax Withholding	_____
_____	State Unemployment Insurance	_____
_____	Other: _____	_____

The employer-taxpayer does further authorize Dedicated Payroll Solutions, Inc. to receive confidential information relevant to the accurate and timely preparation of taxpayer's payroll tax returns and depository forms. This authorization further permits Dedicated Payroll Solutions, Inc. to receive, but not to endorse or cash, refund checks.

## THIS POWER OF ATTORNEY SUPERSEDES ALL OTHER POWER OF ATTORNEY

This Power of Attorney shall commence and be effective on the date set forth below and shall be irrevocable for so long as Dedicated Payroll Solutions, Inc. has standing on its books to the credit of any Federal, State, or municipal government or agency and amount of any tax, assessment or contribution for the account of employer-taxpayer or any of employees thereof. This Power of Attorney includes, where applicable, filing returns and payments via magnetic media.

Dated at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Corporate Seal

Employer Taxpayer: \_\_\_\_\_

By: \_\_\_\_\_

Attest: (if taxpayer is a corporation)

Executed in the Presence of: (If taxpayer is an

Individual or partnership)

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Acknowledged before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of commissioned notary public \_\_\_\_\_