

821-PSC

Withholding Tax Payroll Service Company Authorization

1. Taxpayer Information - Taxpayer must sign and date this form on line 6.

Table with 3 columns: Taxpayer Name, Daytime Telephone Number, Employer Identification Number (EIN); Address (Number and street or PO Box); City, State, Zip Code.

2. Appointee Information

Table with 3 columns: Name, Identification Number; Address (Number and street or PO Box), Telephone Number; City, State, Zip Code, Fax Number.

3. State Authorization

Taxpayer hereby grants Appointee a limited power of attorney with the authority to sign and file withholding tax returns and make deposits to the Arizona Department of Revenue (Department). Appointee is also hereby authorized to discuss Taxpayer's otherwise confidential withholding tax information with authorized Department employees.

This authorization includes all Department withholding tax returns and shall begin with the tax period _____ and shall remain in effect through all subsequent periods until four years after the date received, revoked by Taxpayer or terminated by Appointee, whichever occurs first. Unless Taxpayer is required to file or deposit electronically, Appointee will, in its discretion, file and make deposits on Taxpayer's behalf in one of the filing methods: electronic, optical media, or paper.

4. Retention/Revocation of Authorization

This authorization automatically revokes all earlier authorizations on file with the Department for the same periods covered by this document. If you do not want to revoke a prior authorization, check this box _____

You must attach a copy of any authorization you want to remain in effect.

5. Authorization Agreement

Taxpayer understands that this authorization does not relieve Taxpayer of the responsibility to ensure that all withholding tax returns are filed and that all deposits and payments are made.

6. Signature of or for Taxpayer

I hereby certify that the Director of the Arizona Department of Revenue is authorized to release any and all Arizona withholding tax information in Department files concerning the undersigned Taxpayer and relieve said Director, or Department representative, of any liability whatsoever for releasing such withholding tax information to the Appointee specified by this authorization. By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), estate(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a Class 5 felony pursuant to A.R.S. § 42-1127(B)(2).

If this withholding tax authorization is not signed, it will be returned.

Print Name

Print Name

Signature

Signature

Date

Date