



State of California

## POWER OF ATTORNEY DECLARATION

SEE INSTRUCTIONS ON THE BACK OF THIS FORM

**I. EMPLOYER/TAXPAYER INFORMATION** *(please type or print)*

California Employer Account Number:	Federal Employer Identification Number (FEIN):	
Owner/Corporation Name:	Social Security Number (SSN)/Corporate Identification Number:	
Business Name/Doing Business As (DBA):		
Business Mailing Address:		
City	State:	Zip
Business Telephone No.: ( )	Business FAX No. ( )	
Business Location <i>(if different from above)</i> :		
City	State:	Zip

**II. REPRESENTATIVE DESIGNATION**

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business: FLS COMPLIANCE OUTSOURCING SERVICE		
Representative's Name: LEONARD JACOBS/SANDY DEHN	Telephone No.: (972 ) 239-8881	FAX No.: (972 ) 503-5518
Street Address: 12001 N. CENTRAL EXPWY, SUITE 700		
City DALLAS	State: TX	Zip 75243

**III. AUTHORIZED ACT(S)**

- GENERAL AUTHORIZATION:** If you want to give the representative general authority to perform all acts on your behalf with regard to your state tax matters.
- SPECIFIC DECLARATION:** If you want to give the representative limited authority with regard to your state tax matters, indicate the specific dates and acts you are authorizing.
- From 2002 To 2005
- To represent the employer/taxpayer for any and all  Tax Reporting  Benefit Reporting  Both matters relating to the reporting period indicated above.
  - To represent the employer/taxpayer for changes to their mailing address for any and all  Tax Reporting  Benefit Reporting  Both matters relating to the reporting period indicated above.
  - Other acts: *(describe specifically)* \_\_\_\_\_

Subject to revocation, the above representative is authorized to receive confidential information.

**IV. SIGNATURE AUTHORIZING POWER OF ATTORNEY**

**Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the Employer/taxpayer** – If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.

***If this Power of Attorney Declaration is not signed and dated, it will be returned as invalid.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
SSN

\_\_\_\_\_  
Date