



## 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 Code:
Business Telephone No.: ( )	Business Fax No.: ( )	
Business Location <i>(if different from above)</i> :		
City:	State:	ZIP Code:

### 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: SEMAPHORE TAX & BUSINESS SOLUTIONS		
Representative's Name: NATHANIEL HIGGINS	Telephone No.: ( 949 ) 215-9900	Fax No.: ( 949 ) 333-3101
Street Address: 16420 BAKE PARKWAY		
City: IRVINE	State: CA	ZIP Code: 92618

### 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.
- 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