

**1. Taxpayer Information** Taxpayer must sign and date this form in Section 6.

Taxpayer Name		Employer Identification Number (EIN)	
Address (Number and street or PO Box)		Daytime Phone Number (with area code)	
City	State	ZIP Code	

**2. Appointee Information**

Name Premier Financial Management Services		Identification Number 36-4899738	
Address (Number and street or PO Box) 10425 W North Ave, Ste 345		Phone Number (with area code) 855.275.3948	
City Milwaukee	State WI	ZIP Code 53226	Fax Number (with area code) 855.325.4668

**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 0 1 0 1 2 0 2 4 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.

**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 include a copy of any withholding tax information 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).

By checking this box and signing below I certify under penalty of perjury that I am an officer of the above mentioned corporation(s) and that I am a principal officer; as defined in A.R.S. §42-2003(A)(2).

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

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

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date