

**POWER OF ATTORNEY
AND DECLARATION OF REPRESENTATIVE
(Work Opportunity Tax Credit Equivalent Document)**

Effective Date:	
Valid Through Date:	
Taxpayer's name and complete address. (Please type or print.)	
Taxpayer's FEIN:	
The taxpayer listed above hereby appoints and authorizes the following entity to represent the taxpayer to request certification of new hires with respect to the Work Opportunity Tax Credit (WOTC) Program. (Please type or print.)	
Signature of taxpayer. (If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney and Declaration of Representative on behalf of the taxpayer.)	
_____	_____
Signature	Title

Date	
STATE OF _____	
COUNTY OF _____	
The person(s) signing as or for the taxpayer appeared this day before me, a Notary Public, and acknowledged this Power of Attorney and Declaration of Representative as a voluntary act and deed.	
_____	_____
Notary Public	Date
(seal)	