Government of the District of Columbia Department of Employment Services
Office of Paid Family Leave – Tax Division
4058 Minnesota, Avenue, N.E.
WASHINGTON, DC 20019
Phone: (202) 724-7000
Email: PFLtaxdivision@dc.gov

DIVISION OF TAX LIMITED POWER OF ATTORNEY

Name of Legal Entity: _____ **Trade Name:** _____

Federal ID Number: _____ **SUI Number:** _____

I, _____ am
Name and Personal Mailing Address of Owner, Officer, or Duly Authorized Representative – Do Not List PO Box

☐ the owner ☐ an officer or ☐ a duly authorized representative of

_____,
Name and the Location of the Business

and I appoint _____
Name and Address of the TPA Appointed

as my agent (attorney-in-fact) to act for me on behalf of the above-named business in any lawful way with respect to the following initialed subjects with the District of Columbia Department of Employment Services (DOES) Office of Paid Family Leave (PFL).

PLACE YOUR INITIALS BY THE FUNCTIONS AUTHORIZED THROUGH THE POWER OF ATTORNEY (POA):

(1) Tax matters.

_____ (a) All matters pertaining to employer registrations, account updates, and inactivation requests.
_____ (b) All matters pertaining to filing of required reports and payment of tax contributions to the District of Columbia's Office of Paid Family Leave.
_____ (c) All matters pertaining to administrative appeals of Office of Paid Family Leave tax determinations.
_____ (d) All matters pertaining to audits of employer accounts by the Office of Paid Family Leave tax division.

Retention/Revocation of prior power of attorney:

Filing this Paid Family Leave Tax POA automatically revokes all existing POAs with any representatives authorized for the same designated purposes. Previously filed POAs for other purposes, such as a different matter within the Office of Paid Family Leave Tax Division, or a POA with the Office of Unemployment Compensation, remain in effect unless you revoke the POA in writing.

THIS POWER OF ATTORNEY IS EFFECTIVE BEGINNING_____ AND WILL EXPIRE ON_____.
MM/DD/YYYY **MM/DD/YYYY**

I agree that any third party who receives a copy of this document may act under it. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this POA. Further, I agree that the POA does not relieve my responsibilities outlined in DC Code § 32-541.01 *et. seq.*

Signed this_____day of_____, _____ _____
Day **Month** **Year** **Signature (Employer)**

Declaration of Representative: *Representative(s) must complete this section and sign below.*
Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service (IRS).
- I am aware of regulations contained in Treasury Department Circular #230, as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others and the penalties for false or fraudulent statements provided in DC Code § 47-4106.
- I am authorized to represent in the District of Columbia the taxpayer(s) identified for the tax matter(s) specified herein; and I am one of the following:
  - **(a)** A member in good standing of the bar of the highest court of the jurisdiction shown below.
  - **(b)** A Certified Public Accountant duly qualified to practice in the jurisdiction shown below.
  - **(c)** An Enrolled Agent under the requirements of the Treasury Department Circular # 230.
  - **(d)** A bona fide officer of the taxpayer's organization.
  - **(e)** A full-time employee of the taxpayer, trust, receivership, guardian or estate.
  - **(f)** A member of the taxpayer's immediate family (i.e. spouse, parent, child, brother, or sister).
  - **(g)** An actuary enrolled by the Joint Board for the Enrollment of Actuaries (the authority to practice before IRS is limited by Treasury Department Circular #230).
  - **(h)** An unenrolled return preparer under the requirements of Treasury Department Circular #230.
  - **(i)** A general partner of a partnership.
  - **(j)** Other. Please specify.

Designation – Inset above letter (a-j)	Jurisdiction (state)	Signature	Date