



D.K. ARNDT, P.C.
Certified Public Accountants & Consultants

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This is to advise that ---

Does Hereby Appoint:

Employer Name:
 Address:

Name: D.K. Arndt, P.C
 Address: 116 East I Street
 Forest City, IA 50436

Iowa Employer Account Number(Uemployment):
 Iowa Business E-File and Pay Number(Withholding and Sales tax):
 Iowa Withholding Permit Number:
 Iowa Sales Tax Permit Number:
 Federal Employer Identification Number:

Client appoints firm its true and lawful agent with full power and authority to represent the said employer before Iowa Workforce Development, Iowa Department of Revenue and the Internal Revenue Service for the following services.

<u>Service</u>	<u>Initial</u>
State application for ID number	_____
Iowa Withholding online processing (payroll and sales tax)	_____
Iowa Workforce Development (State Unemployment tax) online processing	_____
Federal application for ID number	_____
Federal payroll tax/forms online processing	_____

Client allows firm to represent client on all matters affecting Unemployment Insurance Tax, including claims, contributions and experience rating, and tax debits or credits.

THIS AUTHORIZATION CANCELS AND SUPERSEDES ALL PRIOR AUTHORIZATIONS.

Employer:

By:

Title:

Date: