



FORM 2848-ME-L

**Limited
Power of Attorney**

Maine Revenue
Services P.O. Box 1060
Augusta, ME 04332-1060

**This form authorizes a representative to discuss your tax records with Maine Revenue Services (MRS).
Your representative may not act on your behalf.**

1. Taxpayer info

Taxpayer's name	Email (<i>optional</i>)	Taxpayer's SSN or EIN
Spouse's name (<i>if joint filing</i>)	Email (<i>optional</i>)	Spouse's SSN
Mailing address	City, state, zip	Phone No.

2. Representative info

Name Theodore J Jordan Jr.	Email (<i>optional</i>)	Company/firm Paychex, Inc.
Mailing address 1175 John Street	City, state, zip West Henrietta, NY 14586	Phone No. 585-336-7600

3. Tax records

MRS can only discuss the taxes and years/periods you choose below (check all boxes that apply):

Tax Type?	Which Years/Periods?	Tax Type?	Which Years/Periods?
<input type="radio"/> Individual Income Tax		<input type="radio"/> Other (<i>describe below</i>)	
<input type="radio"/> Corporate Income Tax		<input type="radio"/> Other (<i>describe below</i>)	
<input checked="" type="checkbox"/> Withholding			
<input type="radio"/> Sales and Use Tax			

4. Taxpayer signature, name, and date

I understand my tax records are confidential.

I authorize my representative to discuss my tax records with MRS.

I authorize MRS to discuss my tax records with my representative.

Signature	Print name (<i>and title, if applicable</i>)	Date
Spouse's signature (<i>if applicable</i>)	Print name	Date

Mail completed form to:

Maine Revenue Services
P.O. Box 1060
Augusta, ME 04332-1060

FORMS NOT SIGNED, NOT DATED, OR INCOMPLETE WILL NOT BE ACCEPTED.

This form does not revoke other power of attorney forms on file with MRS.