

MY TAX ACCOUNT AUTHORIZATION

Send to BDS

Taxpayer Name			Social Security Number	FEIN
Address			WTN N/A	
Address			Telephone Number	
City	State	Zip Code	E-mail Address	

Hereby authorizes the following individual(s)

Name O'Leary & Anick		Telephone Number 414-774-0300		
Address 11933 West Burleigh Street		City Wauwatosa	State WI	Zip Code 53222
Name		Telephone Number		
Address		City	State	Zip Code
Name		Telephone Number		
Address		City	State	Zip Code

To access my business tax accounts on My Tax Account. I do not have access to the internet nor do I have an email address and I would like the above listed individuals to file returns and have access to my tax account information. My Tax Account is the Department of Revenue's free, secure, online business tax service that allows access to view current account status, file & amend returns, make payments, view certain correspondence, and manage and update account information.

I understand that the execution of the Authorization does not relieve me of personal responsibility for correctly and timely reporting and paying taxes, or from penalties for failure to do so, all as provided for under Wisconsin tax law. I understand a photocopy and/or faxed copy of this form has the same authority as the signed original.

Additionally, I understand that in providing the authorization to the named individuals above to file my return and make payments on my behalf that I bear the personal responsibility to monitor my account and banking relationships to ensure the accuracy of any bank account transactions, effectiveness and security of all transactions that are executed on my behalf.

If any individual named above is no longer authorized to execute transactions on my behalf, it will be my responsibility to ensure that the Department of Revenue has been notified to cease the access for that individual.

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 on behalf of the taxpayer and that I have read and understand the conditions and terms of this MTA Authorization agreement.

Signature	Title Parent/Guardian	Date
-----------	--------------------------	------