(45 4-1						
5	e-Business Center Account - Your tax representative can create an e-Business Center account with the Department of Revenue to perform online services on behalf of your business. The online services offered through the e-Business Center include filing a return and paying tax for certain business tax types, viewing online tax history, and managing tax payment information. Please visit the Department's website at www.ncdor.gov for a list of the online services for businesses that require login to the e-Business Center. PLEASE CHECK THIS BOX IF YOUR REPRESENTATIVE WILL CREATE AN e-BUSINESS CENTER ACCOUNT TO PERFORM ONLINE SERVICES ON YOUR BEHALF					
	Retention/Revocation of Prior Power(s) of Attorney The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Department of Revenue for the same tax matters and years or periods covered by this document. If you do not					
want to revoke a prior power of attorney, check here						▶ □
7	YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT. Signature of Taxpayer(s) If a tax matter concerns a joint return, both spouse's must sign if joint representation is requested. If signed by a corporate officer, partner, guardian, tax matters partner/person, executor, representative, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. If NOT SIGNED AND DATED, THIS POWER OF ATTORNEY WILL BE RETURNED.					
		Signature		Date		Title (if applicable)
		Print Name		-		
		Signature		Date		Title (if applicable)
		Print Name				
F	Part 2. Decla	ration of Representa	ntive			
•	I am one of the f a Attorney - b Certified F c Enrolled A d Officer - a e Full-Time f Family Me g Other (exp	to represent the taxpayer(s) following: a member in good standing Public Accountant - duly qua Agent - Enrolled as an agen bona fide officer of the taxp Employee - a full-time employmer - a member of the taxp plain) -		t of the jurisdiction shown be d public accountant in the juri reasury Department Circula ., spouse, parent, child, brot	elow. risdiction sho r No. 230. her, or sister).
	esignation - Insert above letter (a-g)	Jurisdiction (state) or Enrollment Card No.		Signature		Date

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