

Illinois Department of Employment Security - Taxpayer Power of Attorney

4/21/2009

1. Taxpayer Information	Legal Name(s) & Address	Employer Identification Number (FEIN)
		State of Illinois U.I. Account Number
2. Third Party Appointee	Name and Address <u>Payville USA</u> Attention: Tax Department 800 Enterprise Drive, Suite 201 Oak Brook, IL 60523	Phone Number (630) 366-2600
		Fax Number (630) 368-3900

The taxpayer agrees appointee is authorized, on taxpayers behalf, to discuss, inspect and/or receive all confidential tax information regarding tax matters listed in Section #3 until cancelled by either party.

3 Tax and Claims Matters – Please check the form(s) that you send to Payville USA

Beginning _____ Quarter **20** _____

<input checked="" type="checkbox"/>	BIS-32 (Notice to Chargeable Employer)	<input type="checkbox"/>	UI-51/UI5B (Rate Notice)
<input checked="" type="checkbox"/>	UI-3/40 (Contribution and Wage Report)	<input checked="" type="checkbox"/>	Benefit Appeal Notice
<input checked="" type="checkbox"/>	Ben-118/118R Benefit Charge Notice	<input checked="" type="checkbox"/>	SI-5 (Notice of Benefit Earnings Audit)

This power of attorney supercedes all other power of attorneys filed.

4. Address of Record:

Taxpayer has agreed Third Party Appointee (authorized representative) listed in Section #2 will be the addressee of record for all forms checked in item #3 above.

5. Signature of Taxpayer:

The individual whose signature appears below warrants that he or she possesses the full power and authority to execute this form.

Authorized Agent Name

Title

Authorized Agent Signature

Date

Email

SUI-GUARD