

Designation of Authorized Agent For Unemployment Insurance Tax

This form must be completed, signed and returned to Idaho Department of Labor whenever someone other than the employer signs the Application for UI Tax PIN. Fax both forms to 208-334-6301 or mail to Idaho Department of Labor, 317 W. Main Street, Boise, Idaho 83735-0760 Attn: SUTA PIN.

Employer Information

| Employer Account# | Federal Employer Id | lentification# |
|--|--------------------------------|--------------------------------|
| Legal Business Name | | |
| Assumed Business Name (dba) _ The above named employer here agent(s): | by appoints the following r | epresentative(s) as authorized |
| Name and Address OnPay Tax Disbur | sement, LLC - Stephanie Mendez | |
| 675 PONCE DE LEON AVE NE, | STE W207, ATLANTA, GA 30308 | |
| Name and Address OnPay Tax Die 675 PONCE DE LEON AVE NE, | STE W207, ATLANTA, GA 30308 | <u> </u> |
| Name and Address | | |
| To represent the above named en including application for a Perso Insurance tax reporting. | - · | |
| Signature of Employer | Title | Phone |
| Signature of Employer Signature of Representative | Agent | 877-328-6505 |
| Signature of Representative | ve T | itle Phone |