COMBINED Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act and Special Mailing Form

FAX: (217)557-1948 33 S State Street, FL 10, Chicago, IL 60603-2802

Employer's Legal Name _____ UI Account # _____
(*exact* match to name in MyTax.Illinois.gov) (seven digits)

dba (if applicable) _____ FEIN _____

Employer's Address _____

Employer's Phone _____ Employer's e-mail _____

Hereby authorizes OnPay Tax Disbursement, LLC SERVICE BUREAU ID ONPAY0001
(Business name of Service Bureau (SB) or Third Party Administrator (TPA) as it appears in MyTax)
IF NOT A SB, ENTER REPRESENTATIVE'S FEIN

Complete address of Service Bureau (SB)/Third Party Administrator (TPA) as it appears in MyTax:
675 Ponce De Leon Ave NE, Ste. W207, Atlanta, GA 30308

SB/TPA Phone 877-328-6505 SB/TPA Email tax@onpay.com

to represent the Employer before the Director in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest, and penalties under the Illinois Unemployment Insurance Act (except that I understand that Notices pertaining to a Determination & Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence), until such time as the appointment is terminated. I understand that my Representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

Above Employer requests to have the following correspondence mailed* to the above Service Bureau or TPA

EMPLOYER MUST CHECK EMPLOYER CONTRIBUTION REPORT TO ALLOW ACCESS TO MYTAX UI ACCOUNT **IF NO OTHER SPECIAL MAILING OPTION IS CHECKED.**

____ Notice of Claim (BIS-32)

____ Benefit Appeal Notice

X Employer Contribution Report (UI-3/40)*
↳ **(*PROVIDES MYTAX ACCESS ONLY; NOT A MAILING)**

____ Notice of Benefit Earnings Audit (SI-5)

____ Statement of Benefit Charges (BEN-118/118R)

____ Rate Notice (UI-5A/UI-5B)

Employer's Signature _____ **Printed Name** _____

Title _____ **Date Signed** _____

Please contact the Employer Hotline at (800)247-4984, Option 2 for assistance. Thank you.