



Government of the District of Columbia
 Department of Employment Service
 Office of Unemployment Compensation – Tax Division
 4058 Minnesota Avenue, N.E.
 WASHINGTON, DC 20019
 Phone: (202) 698-7550
 Email: essp.info@dc.gov

POWER OF ATTORNEY

Name of Legal Entity: _____ Trade Name: _____

Federal ID Number: _____ SUI Number: _____

I, _____ am
Name and Personal Mailing Address of Owner, Officer, or Duly Authorized Representative – Do Not List PO Box

the owner an officer or a duly authorized representative of

Name and the Location of the Business

and I appoint CompuPay, Inc., dba Benefitmall, 3450 Lakeside Dr., Ste 400, Miramar, FL 33027, Sue Larocca
Name and Address of the TPA Appointed

as my agent (attorney-in-fact) to act for me on behalf of the above-named business in any lawful way with respect to the following initialed subjects with the District of Columbia Department of Employment Services.

PLACE YOUR INITIALS BY THE FUNCTIONS AUTHORIZED THROUGH THE POWER OF ATTORNEY:

- _____ (1) Unemployment Insurance Benefit Claims and Litigation.
 The timely processing of unemployment benefit claims:
 - (a) Employee separation and wage requests
 - (b) Benefit appeals; employer charge protests

- _____ (2) Tax matters.
 - (a) Employer registrations; account updates
 - (b) Filing and payment of taxes related to employer liability to the District of Columbia
 - (c) Tax appeals

THIS POWER OF ATTORNEY IS EFFECTIVE BEGINNING _____ AND WILL EXPIRE ON _____.
MM/DD/YYYY MM/DD/YYYY

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. Further, I agree that the power of attorney does not relieve my responsibilities outlined in Title 51 of the District of Columbia Code.

Signed this _____ day of _____, _____
Day Month Year Signature (Employer)

Declaration of Representative: *Representative(s) must complete this section and sign below.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service (IRS).
- I am aware of regulations contained in Treasury Department Circular #230, as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others and the penalties for false or fraudulent statements provided in DC Official Code 47-4106.
- I am authorized to represent in the District of Columbia the taxpayer(s) identified for the tax matter(s) specified herein; and I am one of the following:
 - (a) A member in good standing of the bar of the highest court of the jurisdiction shown below.
 - (b) A Certified Public Accountant duly qualified to practice in the jurisdiction shown below.
 - (c) An Enrolled Agent under the requirements of the Treasury Department Circular # 230.
 - (d) A bona fide officer of the taxpayer's organization.
 - (e) A full-time employee of the taxpayer, trust, receivership, guardian or estate.
 - (f) A member of the taxpayer's immediate family (i.e. spouse, parent, child, brother, or sister).
 - (g) An actuary enrolled by the Joint Board for the Enrollment of Actuaries (the authority to practice before IRS is limited by Treasury Department Circular #230).
 - (h) An unenrolled return preparer under the requirements of Treasury Department Circular #230.
 - (i) A general partner of a partnership.
 - (j) Other.

Designation – Inset above letter (a-j)	Jurisdiction (state)	Signature	Date
(i) Other			