

Department of Labor, Licensing and Regulation
Division of Unemployment Insurance
Power of Attorney Authorization Form

Employer/Taxpayer

1. Maryland Unemployment Insurance Account Number: _____
2. Federal Employer Identification Number: _____
3. Name of Employer/Taxpayer: _____
4. Address: _____

Reporting Agent

1. Name of Reporting Agent: Compupay Inc dba BenefitMall / Attn: Sue Larocca
2. Address: 3450 Lakeside Drive, Suite 400
Miramar, FL 33027
3. Telephone Number: (954) 874-4800

Authorization

Check the authorization that is granted to the Reporting Agent. (Check all that apply.)

1. File, sign and date the quarterly unemployment insurance contribution/employment report
2. Make payments on behalf of the employer/taxpayer
3. Receive and respond to confidential information regarding quarterly contributions and tax rates.
4. Receive and respond to confidential information regarding unemployment insurance claims filed by employees of the employer/taxpayer

Effective Date of Authorization

January 1, 20__

Name and Signature of Employer/Taxpayer

Name

Signature

Title

Date

Submit to: Maryland Unemployment Insurance
Employer Status Unit
1110 N. Eutaw St., Room 409
Baltimore, Maryland 21201

Refer Questions to: 410-767-3223
FAX: 410-767-2848
Email: status@dllr.state.md.us