

Contact Name: Sue Larocca
DL-electronictaxfiling@benefitmall.com
3450 Lakeside Drive
Suite 400, Miramar, FL 33027
PH: (954) 874-4800
Fax: (954) 874-0582



Reporting Agent Authorization

KNOW ALL PERSONS BY THESE PRESENTS:

That the undersigned, _____, Federal Employer Identification No.

_____, having its principal office at _____,

does hereby constitute and appoint CompuPay, Inc. DBA BenefitMall as it's Reporting Agent with the authority to sign and file employment tax returns, resolve employment tax notices, receive and discuss correspondence/transcripts, make electronic, magnetic media or paper filings, and make employment tax deposits, for the above stated taxpayer to State and Local Jurisdictions.

This authorization shall begin with the tax period _____, and remain in effect until notified by the taxpayer, or the designee, of termination or revocation of this authorization. This authorization applies to all appropriate State and Local tax forms. The Tax Information Authorization revokes earlier Tax Information Authorizations on file with the taxing authorities with respect to the same tax matters and periods covered but, has no effect on any other authorization.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of Attorney on behalf of the named employer this ____ day of _____ 20 ____.

SIGNATURE OF TAXPAYER OR AUTHORIZED REPRESENTATIVE

I understand that this authorization does not absolve me as the taxpayer of the responsibility to ensure that all returns are filed, and all taxes are paid in compliance with state and local laws and regulations. I authorize the taxing authorities to disclose otherwise confidential tax information to CompuPay, Inc. DBA BenefitMall as needed to discuss and provide filing or account information relating to employment tax returns filed or to be filed by CompuPay, Inc. DBA BenefitMall and/or employment tax deposits made or to be made by CompuPay, Inc. DBA BenefitMall. I certify that I have the authority to authorize the disclosure of otherwise confidential tax data on behalf of the taxpayer.

Name of Company (type or print)

Signature (Authorized Officer)

Name and Title (type or print)

Phone Number