VERMONT DEPARTMENT OF LABOR ATTN: Employer Services P.O. Box 488		VT Unemployment Account Number	
Montpelier, VT 05601-0488 Phone: 802-828-4344 Fax: 802-828-4248 Limited Power of Attorney and Tax Information Authorization		Federal Identification Number Client Number	
(Business, Estate or Trust)			
Taxpayer's Legal Business Name:			
Trade Name(s): _ hereby appoints <sup>C</sup> ompupay Inc dba Benefitmall/Attn:Sue	Larocca as its agent to po	-	
This Limited Power of Attorney form is effective for the his department is otherwise notified.	e period beginning (Qua	and will remain in effect until	
<ul> <li>Receive, prepare and file new and amended Verma</li> <li>Obtain from and provide to this agency information</li> <li>Discuss matters as they pertain to the rate assign</li> </ul>	regarding its returns filed	for periods on or after the date below.	
Address in Fact:			
(C-101 Forms, Rate			
Notices, Statements)			
Notices, Statements)		d be mailed.	
Notices, Statements)	m related information shou	d be mailed.	
Notices, Statements) Telephone No.: Please specify the client address where benefit clai	m related information shou	d be mailed.	
Notices, Statements) Telephone No.: Please specify the client address where benefit clai Client Address:	m related information shou	d be mailed.	
Notices, Statements) Telephone No.: Please specify the client address where benefit clai Client Address: (Only Benefit Claim	m related information shou	d be mailed.	
Notices, Statements) Telephone No.: Please specify the client address where benefit clai Client Address: (Only Benefit Claim Related Information)	 m related information shou  		
Notices, Statements)	m related information shou	he Unemployment Insurance Tax and/or	
Notices, Statements)	m related information shou	he Unemployment Insurance Tax and/or	

## **AFFIRMATION OF WITNESS**

l,	affirm	that		appeared to be of sound	
mind and free from duress at aware of the nature of this do	the time this Li	mited Power of Attorney w		(s)he affirmed that (s)he was	
Signature of Witness ( <b>Canno</b>	ot be same as N	otary) Date			
FOR USE BY NOTARY	STATE OF				
			, SS.		
At	on the	day of	p	ersonally appeared	
	w	no acknowledged this Inst	trument and signed b	y him/her as his/her free act a	ind
deed, and before me,		My Commi	ssion expires:		
Signature of Notary Public					
ATTESTATION OF AGENT					
l,		do hereby attest that I	accept appointment	as agent for	
		(hereafter "principal")	and:		
that I understand my duties	under this Limite	ed Power of Attorney and	under the law;		
that I understand that I have expressly required to do so			transactions and typ	bes of transactions if	

that I hereby specifically acknowledge and accept such duties to act in signing this Limited Power of Attorney;

in the case of such a duty to act, my agreement to act on or behalf of the principal is enforceable against me regardless of whether there is any consideration to support a contractual obligation;

that I understand and acknowledge in signing this Limited Power of Attorney, that if I have been selected as agent with the expectation that I have special skills or expertise I will use those skills on behalf of the principal.

Signature of Agent

Date Signed