

VERMONT DEPARTMENT OF LABOR
ATTN: Employer Services
P.O. Box 488
Montpelier, VT 05601-0488
Phone: 802-828-4344
Fax: 802-828-4248
Limited Power of Attorney and
Tax Information Authorization
(Business, Estate or Trust)

VT Unemployment Account Number
Federal Identification Number
Client Number

Taxpayer's Legal Business Name: _____

Trade Name(s): _____

hereby appoints Compupay Inc dba Benefitmall/Attn:Sue Larocca as its agent to perform the following acts on its behalf:

This Limited Power of Attorney form is effective for the period beginning _____ and will remain in effect until this department is otherwise notified. *(Quarter/Year)*

(check all that apply):

- Receive, prepare and file new and amended Vermont Employer's Quarterly Wage & Contribution Report forms.
- Obtain from and provide to this agency information regarding its returns filed for periods on or after the date below.
- Discuss matters as they pertain to the rate assignments and experience rating.

Address in Fact: _____

(C-101 Forms, Rate _____

Notices, Statements) _____

Telephone No.: _____

Please specify the client address where benefit claim related information should be mailed.

Client Address: _____

(Only Benefit Claim _____

Related Information) _____

Telephone No.: _____

It applies only to the items which have been selected above as they pertain to the Unemployment Insurance Tax and/or Benefit related matters for the client.

This limited Power of Attorney revokes all prior Powers of Attorney on file with the Vermont Department of Labor.

Person Completing and Signing Power of Attorney

Date

Signature

Title of Person Signing Power of Attorney

