



Employer Portal Replace Administrator Request

Employer Information

Business Name:	_____
GDOL Account Number:	_____
FEIN:	_____
Officer/Authorized Party's Name:	_____
Officer/Authorized Party's Job Title:	_____
Last Four Digits of Officer/ Authorized Party's SSN:	_____
Officer/Authorized Party's Phone Number:	() _____
Officer/Authorized Party's Email Address:	_____

Existing Administrator Information

Name:	_____
Phone Number:	() _____
Email Address:	_____

New Administrator Information

Name:	Quanteya Crowell
Job Title:	Reporting Agent
Phone Number:	(757) 302-1442
Alternate Phone Number:	() _____
Email Address:	tax@beyondhcm.co

The undersigned warrants he/she is authorized to execute this request on behalf of the business listed above.

Printed Name

Date

Signature

Email the completed form to EmployerPortal@gdol.ga.gov.