



COMBINED Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act and Special Mailing Form

FAX: (217)557-1948 33 S State Street, FL 10, Chicago, IL 60603-2802

Employer's Legal Name (exact match to name in MyTax.Illinois.gov)	UI Account #(seven digits)
(exact match to name in My lax.Illinois.gov)	(seven digits)
dba (if applicable)	FEIN
Employer's Address	
Employer's Phone Em	ployer's e-mail
Hereby authorizes	SERVICE BUREAU ID
(Business name of Service Bureau (SB) or Thin as it appears in MyTax)	d Party Administrator (TPA) IF NOT A SB, ENTER REPRESENTATIVE'S FEIN
Complete address of Service Bureau (SB)/Third Party Administrate	or (TPA) as it appears in MyTax:
SB/TPA PhoneSB/TPA E	Email
(except that I understand that Notices pertaining to a Deta the employing unit at its principal place of business of time as the appointment is terminated. I understand tha	est, and penalties under the Illinois Unemployment Insurance Act ermination & Assessment or Refund/Adjustment shall be sent to or its last known place of business or residence), until such at my Representative shall be provided information only to the rth in Section 1900 of the Illinois Unemployment Insurance Act
Above Employer reques	sts to have the following
correspondence mailed* to th	e above Service Bureau or TPA
EMPLOYER MUST CHECK EMPLOYER	R CONTRIBUTION REPORT TO ALLOW
ACCESS TO MYTAX UI ACCOUNT IF NO OTH	HER SPECIAL MAILING OPTION IS CHECKED.
Notice of Claim (BIS-32)	Benefit Appeal Notice
Employer Contribution Report (UI-3/40)* (*PROVIDES MYTAX ACCESS ONLY; NOT A MAILING)	Notice of Benefit Earnings Audit (SI-5)
Statement of Benefit Charges (BEN-118/118R)	Rate Notice (UI-5A/UI-5B)
Employer's Signature	Printed Name
Title	Date Signed