

Designation of Authorized Agent For Unemployment Insurance Tax

This form must be completed, signed and returned to Idaho Department of Labor whenever someone other than the employer signs the Application for UI Tax PIN. Fax both forms to 208-334-6301 or mail to Idaho Department of Labor, 317 W. Main Street, Boise, Idaho 83735-0760 Attn: SUTA PIN.

Employer Information

Employer Account#	Federal Employer Identification#	
Legal Business Name		
Assumed Business Name (dba) The above named employer hereby agent(s):	appoints the following repre-	sentative(s) as authorized
Name and Address Beyond Payroll Inc - Q	uanteya Crowell	
160 Newtown RD, STE 203, Virginia E	Beach, VA 23462	
Name and Address Beyond Payroll Inc - Q	uanteya Crowell	
160 Newtown RD, STE 203, Virginia E		
Name and Address		
To represent the above named emplined including application for a Personal Insurance tax reporting.	· · ·	
Signature of Employer	Title	Phone
Guanteya Crowell Signature of Representative	Agent	757-302-1442
Signature of Representative	Title	Phone