

**COMMONWEALTH OF KENTUCKY
OFFICE OF UNEMPLOYMENT INSURANCE
P.O. BOX 948
FRANKFORT, KY 40602-0948**

Power of Attorney for Representing Employer for Unemployment Insurance Related Matters

Federal Employer Identification Number (FEIN): _____

Kentucky Employer Identification Number (KEIN): _____

Employer: _____

Located at: _____ Telephone _____
(Street Address, City, State, Zip Code)

E-mail address: _____

Hereby authorizes: Beyond Payroll Inc

Located at: 160 Newtown Rd Ste 203 Virginia Beach VA 23462 757-302-1442
(Street Address, City, State, Zip Code) Telephone

E-mail address: tax@beyondhcm.co

to represent the Employer before the Office of Unemployment Insurance in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest and penalties under the Kentucky Unemployment Compensation Laws and Regulations, until such time as the appointment is terminated.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from the named employer relating to the subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

Signature

Name of Employer

Print or Type Name

Title

(Please initial one below)

Date

____ I respectfully request that my authorized representative be the address of record for all forms and correspondence pertaining to unemployment tax related matters.

____ The legal mailing address of the named employer shall remain the same. The employer will continue to receive all correspondence pertaining to unemployment tax related matters.