



Employment Security Department
WASHINGTON STATE

Power of Attorney for Unemployment Insurance

This authorization allows the Employment Security Department to send or share confidential information about your unemployment-insurance account with your designated representative. Please complete all information below, which must match the records we have on file for your business.

Section 1 - Employer information

Business name:	<u>OBLMFGJE</u>	ESD number:	<u>831427342</u>
Business phone number:	<u>206 414-8652</u>	EIN:	<u>83-1427324</u>
Business fax number:	<u></u>	UBI number:	<u>- -</u>

Section 2 - Business owner or officer

First Name:	<u>Matthew</u>	Last name:	<u>Sauls</u>
Social Security number:	<u>533-08-4743</u>	Date of birth:	<u>11/30/1980</u>
Title:	<u>Owner</u>	Residential phone:	<u>(206)414-8652</u>
Contact phone:	<u>206 414-8652</u>	Email address:	<u>liskwasi@gmail.com</u>

Section 3 - Representative for tax purposes

Representative organization name:	<u>Paychex, Inc</u>	Representative's EIN:	<u>16-1124166</u>
Mailing address line 1:	<u>1175 John Street</u>		
Mailing address line 2:	<u></u>		
City:	<u>West Henrietta</u>	State:	<u>NY</u> Zip code: <u>14586</u>
Contact name:	<u>THEODORE J JORDAN JR</u>	Contact person's title:	<u>Attorney In Fact</u>
Contact phone number:	<u>585 336-7600</u>		
Contact fax number:	<u></u>		
Contact email address:	<u></u>		

Section 4 - Confidential tax information

Authorizations: Please check the boxes that indicate how much authority you'd like to give your representative.

- ☒ Unemployment-insurance tax reports and amendments
- ☒ Tax payments and billing statements
- ☐ Electronic access to information as available
- ☐ Audit of unemployment-insurance taxes
- ☐ Enter into agreements
- ☒ Represent and make oral or written presentations of fact and/or argument

Mailing tax documents:

Please check the address we should use when mailing tax documents.

- ☒ Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- ☐ Representative's mailing address in section 3 above

Mailing billings:

Please check the address we should use when mailing billings and payment notices.

- ☐ Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- ☐ Representative's mailing address in section 3 above

**Employment Security Department**
WASHINGTON STATE**Section 5 - Representative for benefits purposes**☐ Same as above. (Skip this section if checked.)

Representative name: _____ Representative's EIN: _____
 Mailing address line 1: _____
 Mailing address line 2: _____
 City: _____ State: _____ Zip code: _____
 Contact name: _____ Contact person's title: _____
 Contact phone number: _____
 Contact fax number: _____
 Contact email address: _____

Section 6 - Confidential benefits information**Authorizations:** Please check the boxes that indicate how much authority you'd like to give your representative.

- ☐ Benefit charges
☐ Benefit claims
☐ Electronic access to information as available
☐ Enter into agreements
☐ Represent and make oral or written presentations of fact and/or argument

Mailing benefit charge statements - We can send benefit charge statements to an alternate mailing address.

Please indicate which address we should use when mailing benefit documents.

- ☐ Employer's mailing address on record. (Use the *Business Change Form* to report any change of business address.)
☐ Representative's mailing address in section 3 above
☐ Representative's mailing address in section 5 above

Effective dates

If you provide no ending date, your authorizations above will remain in effect until you revoke them in writing.

Beginning authorization date: 2/26/2019 Ending authorization date: _____

I, the undersigned, declare under the penalties of perjury that I am the business owner or officer duly authorized to represent this account and further declare that the information submitted has been examined by me and that the matters and statements set forth are true, correct and complete.

Employer signature: Matthew Sauls Date: 2/26/2019
33087F4380244D5...
 Name of signee: Matthew Sauls Title: Owner

If you have questions, please contact the Status Unit at status@esd.wa.gov or 360-902-9360.

Please sign this form and fax to 800-794-7657 or mail to:

Employment Security Department, Status Unit, P.O. Box 9046, Olympia WA 98507-9046



Washington State Department of
Labor & Industries

Authorization to Access Information Or File on Behalf of Employer

Employer Services
PO Box 44140
Olympia WA 98504-4140
Fax 360-902-4988

QuarterlyFiling@Lni.wa.gov
www.QuarterlyReports@Lni.wa.gov

Claim and Account Access

This Authorization Request is: ☐ New ☐ Update ☐ Cancellation

Effective Date:

____/____/____

Employer Information

Complete this section about your worker's compensation account. This form authorizes L&I to share information regarding this account, quarterly report filing, or claims with the representative listed below.

9 Digit UBI Number: (ex. 603-123-456) _____ - _____ - _____ 8 Digit L&I Account ID: (ex. 123,456-78) _____, _____ - _____

Business Name:

OBLMFGJE

Authorized Contact Name:

Address:

100 Melrose Ave E ste 017-1101

City:

Seattle

State:

WA

Zip:

98104

Phone:

206 414-8652

Fax:

Authorized Contact Email Address:

Representative Information

You agree to grant the following representative access to the above account.

Representative Business Name:

Paychex, Inc.

Representative Contact Name:

Ted Jordan

9 Digit Representative UBI Number: (ex. 603-123-456) 600 _ 564 _ 821

Address:

1175 John Street

City:

West Henrietta

State:

NY

Zip:

14586

Phone:

585-336-7600

Fax:

(585) 389-7364

Contact Email Address:

TaxpaySetup@paychex.com

Primary Role: ☐ Accountant ☐ Payroll ☐ [PEO*](#) ☐ Legal Rep ☐ Other (specify): _____

Accesses Granted (select all that apply)

Access Authorized for: ☒ Account ☒ Quarterly Filing ☐ Claims ☐ Other (specify): _____

Send Mail To: ☒ Employer ☐ Representative ☐ Other (specify): _____

Signature

Signature below must be an authorized signer from the employer (e.g. owner, officer, or person with power of attorney). The signature below authorizes L&I to release confidential information and grant online access as indicated. If the effective date is blank, the date signed below will become the effective date

Employer Authorized Contact Printed Name:

Employer Authorized Contact Title

Employer Authorized Contact Signature

Date

2/26/2019

Please make a copy of this form for your files.

Scan and email this form to QuarterlyFiling@Lni.wa.gov or fax to 360-902-4988.

F242-431-000 Authorization on Behalf of Employer 07-2017

Index: **CORR**

Instructions to Complete the Authorization to Access Information or File on Behalf of Employer Form

The Authorization to Access Information or File on Behalf of Employer form grants L&I permission to share confidential information or grant online access to a business account, quarterly report filings, and claims.

Authorization Request

- Check the applicable box indicating whether this authorization is new, updates a current authorization on file, or cancels the current authorization on file (checking new cancel all previous authorizations).
- Enter the date you want this authorization to start (normally the first date of the quarter *ex. 7/1/2017*).

Employer Information

Provide complete information about the business and person granting authorization to an L&I workers compensation account. Authorization must include the following information to be approved:

- 9 Digit UBI Number
This is the 9-digit Unified Business Identifier (UBI) number issued by Department of Revenue (DOR) when starting a business. Most UBI numbers begin with the number six (6) and follow the format: 603-123-456 (NOTE: This is ***not*** the tax ID/EIN/FEIN number issued by the IRS).
- 8 Digit L&I Account ID
This is the 8-digit Account ID number issued by L&I when a workers compensation account is opened. It follows the format 123,456-78. This number is located on the employer's Rate Notice, New Account Packet and other L&I correspondence.

TIP: Look up a UBI or Account ID at <https://secure.lni.wa.gov/verify> and search the business name.

- Legal or DBA name of the business
- Person authorizing access to the employer information. To complete this section, you must be an authorized signer (generally, a business owner, partner, corporate officer, or LLC member listed on the L&I policy (or other Washington State records). If L&I cannot verify you as an authorized signer, it is your responsibility to provide supporting documentation indicating you are authorized to give this permission.
- Employer authorized contact information, including address, phone/fax numbers, and email address.

Representative Information

Provide complete information regarding the person or company authorized to access the employer account. Authorization must include the following information to be approved:

- Name of the business and person receiving access to the employer account.
- 9 Digit UBI Number of the business receiving access.
- Representative contact's full mailing address, phone/fax numbers, and email address.
- Check the box indicating the representative's primary role between the employer and L&I.
- PEO*: L&I defines a PEO as a [co-employment firm](#) who supplies workers (leases employees) and shares experience with the employer. For purposes of this application, L&I will set up a sub-account (not grant access) for the PEO ***only if they specify*** "PEO" in the Access Granted 'Other' section.

Access(es) Granted

- Indicate which access(es) should be allowed for the Employer's worker compensation account.
- For each access authorized, indicate where L&I should send mail (to the employer or representative).
Note: This does not change the official business mailing address for sending information to employer.

Signature

To complete this section, you must be an authorized signer (see Employer Section for definition of whom L&I considers an authorized signer). If no effective date is indicated above, the date signed will be used.

Send to L&I

Keep a copy of this completed form for your files. Email a signed, scanned copy of this form to QuarterlyFiling@Lni.wa.gov or fax to 360-902-4988.