



Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act

Account No. _____

Employer _____

located at _____ (_____) _____
(Street Address, City, State, Zip Code) Telephone Number

E-mail Address _____

hereby authorizes INFOCUS PAYROLL LLC

located at 900 CHICAGO AVE SUITE 104, EVANSTON, IL 60202 (877) 495-5289
(Street Address, City, State, Zip Code) Telephone Number

E-mail Address BRIAN@INFOCUSPAYROLL.COM

to represent the Employer before the Director 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 Illinois Unemployment Insurance Act, until such time as the appointment is terminated. I understand that my Representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

Signature

Name of Employer

By _____

Title _____

Date _____