

- ☐ State copy
☐ UE® copy
☐ Client copy

Branch\Client Number



Mississippi Division of Unemployment Compensation Power of Attorney/Authorization of Agent

Legal Employer Name UC Employer Number (required)

Trade Name-DBA (if applicable) Federal ID Number

City, State, Zip Code Phone Number

Does Hereby Authorize As Agent:

Paychex Business Solutions, LLC 59-2693969
Name Federal ID No./Social Security No.

970 Lake Carillon Dr (800) 741 -6277
Address (Number and Street) P.O. Box Phone Number

St. Petersburg, FL 33716
City, State, Zip Code

This authorization allows the above agent to receive confidential information and to perform for the employer the Unemployment Compensation function(s) checked below. All forms and correspondence will be sent to the employer's mailing address **unless the employer or authorized representative requests an address change in writing.**

Check All That Apply:

☒ Tax Preparation/Filing ☐ Claims Matters ☒ Tax Matters ☐ Appeals

And

Does Hereby Authorize As Agent:

Paychex Business Solutions, LLC 59-2693969
Name Federal ID No./Social Security No.

2000 (585) 336-7600
Address (Number and Street) P.O. Box Phone Number

Henrietta, NY 14467
City, State, Zip Code

This authorization allows the above agent to receive confidential information and to perform for the employer the Unemployment Compensation function(s) checked below. All forms and correspondence will be sent to the employer's mailing address **unless the employer or authorized representative requests an address change in writing.**

Check All That Apply:

☐ Tax Preparation/Filing ☒ Claims Matters ☐ Tax Matters ☒ Appeals

This power of attorney/authorization should have an original signature of a sole proprietor, partner, or corporate officer and should contain information which is **complete** and **verifiable** with the Division's records. The Division recommends the authorization be **witnessed** for the protection of the employer's records. This authorization supersedes and revokes any prior power of attorney/ authorization relating to the subject matter(s) checked above unless the employer notifies the Division that there is more than one attorney-in-fact. This power of attorney/authorization shall remain in effect until written notice of cancellation or a subsequent authorization is received by the Division of Unemployment Compensation.

Authorized Signature

Print or Type Name

Witness

Title

Witness

Date

Record of Address Authorization

By the action of the owners/stockholder(s) of _____
_____, the following will be authorized. **Paychex Inc.** is to act as
our company's Record of Address for state unemployment claims administration
effective _____.

Company Name: _____

Company Address: _____

Fed ID# : _____

State ID/ER#: _____

State: MISSISSIPPI

Please update your records accordingly with the following address.

Paychex Inc.
PO Box 2000
Henrietta, NY 14467

Signature of owner(s)/stockholder(s)