

Department of Commerce Division of Employment Security

Roy Cooper Governor
Anthony M. Copeland Secretary

Lockhart Taylor Assistant Secretary

REMITTER AUTHORIZATION FORM

	Account Number
Employer Name and Address Federal Employer Identification Number:	Return to: Division of Employment Security P.O. Box 26504 Raleigh, N.C. 27611-6504 Fax: (919) 733-1255
Please link this employer account to the remit	tter listed below:
Remitter Name: TDENISE A HATCHER ACCOU	JNTING & TAX SERVICE. LLC
Remitter Number: _ 016250	
Contact Name: - DENISE A HATCHER	Title: _PRINCIPAL
Telephone: (704) 761 8297	Fax: (980) 2060635
Person Authorizing Linkage:	N
	Name
(Title
Те	elephone Number
	Signature