

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 Employment Security Division – Unemployment Insurance (UI) Tax
 1111 W. 8th Street, P.O. Box 115509
 Juneau, AK 99811-5509

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That _____ UI Account No. _____
 (business name)

Federal ID No. _____ having its principal office at _____
 (business mailing address)

 City State Zip Code

does hereby constitute and appoint _____
 (designated authority)

 (designated authority mailing address)

 City State Zip Code

its true and lawful attorney in fact with full power and authority to represent said company before the Alaska Department of Labor and Workforce Development, Employment Security Division effective immediately and until this authority has been revoked in writing in connection with any and all unemployment insurance matters as indicated below:

- 1. Filing of completed forms, including claims for refund or adjustment of account, assessments, liability or status determinations, contribution rate and wage record reports.
- 2. Payment of contributions and any penalties and interest assessed on the account.
- 3. Obtaining and discussion of all account information required and authorized by the Alaska Employment Security Act.
- 4. All matters affecting the experience record and contribution rate of the employer account.
- 5. Employee wage and separation information and employer's appeal of benefit claims.

IN WITNESS WHEREOF, the said _____
 (owner, officer or member)

has caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day of _____, 20____. This authorization cancels and supersedes all prior authorizations.

| | | |
|---------------|---------------------------|--------|
| Company Name: | By (employer signature): | Title: |
|---------------|---------------------------|--------|

STATE: _____ COUNTY OF _____, _____, 20_____

Then, personally appeared the above named _____
 whose title is _____ and acknowledged the foregoing instrument to be his/her free act and deed in his/her said capacity.

| | | |
|---------------|--------------------|-----------------------|
| Notary Public | Type or Print Name | My Commission Expires |
|---------------|--------------------|-----------------------|

QUESTIONS ABOUT THIS NOTICE? Contact the Employer Account Specialist Unit at 1-888-448-3527 or (907) 465-2757, Fax: (907) 465-2374; TTY/TDD: 1-800-770-8973 or E-mail address: esd_tax@labor.state.ak.us