

ALABAMA DEPARTMENT OF WORKFORCE  
UNEMPLOYMENT COMPENSATION  
DIVISION EXPERIENCE RATING SECTION,  
ROOM 4215 MONTGOMERY, AL 36131  
PHONE: (334) 954-4741/FAX: (334) 956-7496

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_,  
a \_\_\_\_\_ FEDERAL ID NO. \_\_\_\_\_,  
(Corporation, partnership, individual, etc.)

having its principal office at \_\_\_\_\_, does hereby  
constitute and appoint:

\_\_\_\_\_  
(Name of Representative Company) (Rep ID No.)  
\_\_\_\_\_  
(Mailing Address of Representative Company)  
\_\_\_\_\_  
(City, State, and Zip of Representative Company)

Representative's Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ its  
true and lawful attorney in fact with full power and authority to represent the said \_\_\_\_\_,  
before the Alabama Unemployment Compensation Agency until further notice in the following matter(s), to

wit: (Check appropriate box)

- TAX ----** (Limited) The filing of reports, payment of contributions, Cost Statements (quarterly), Tax Rate Notices (annually), and any legal documents, i.e. assessments, garnishments, etc., obtaining other account information as is permissible, (employer reporting data, tax rate information and liability dates).
- BENEFITS ----** (Limited) Requests for separation, 1st notice of payment of benefits for charge purposes, employer's protest of benefit claims and information relative thereto.
- TAX AND BENEFITS ----** (Unlimited) As described above in the first and second blocks.
- TAX REPORTS ONLY ---** (Limited) The filing of quarterly reports and payment of contributions **only**.

**This authorization cancels and supersedes all prior authorizations associated with the above action checked.**

IN WITNESS WHEREOF, the said \_\_\_\_\_ has caused this instrument to  
be duly attested by the signature of its duly qualified officer this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

By: \_\_\_\_\_  
Duly Qualified Officer

[NOTARY SEAL]

\_\_\_\_\_  
Title

\_\_\_\_\_  
Notary Public