

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

**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

\_\_\_\_\_  
 Phone Fax

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of Labor and Workforce Development, Employment Security Division effective immediately and until this authority has been revoked in writing in connection with any and all unemployment insurance matters as indicated below: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, liability or status determinations and wage record reports.
- [ ] 2. Receipt of blank Quarterly Contribution Report Form (TQ01)
- [ ] 3. Receipt of Tax Rate Notices (TR02)
- [ ] 4. Payment of contributions and any penalties and interest assessed on the account.
- [ ] 5. Discuss matters affecting the experience record and contribution rate of the employer account.
- [ ] 6. Discuss all matters affecting any adjustments to the employer's account.
- [ ] 7. All matters and forms affecting UI benefits, job separation information, hearing notices and decisions.

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 for authority indicated in areas 1 through 7 above.

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
---------------	--------------------	-----------------------