ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Employer Engagement Administration • Tax Section
P.O. BOX 6028, Phoenix, AZ 85005-6028

LIMITED POWER OF ATTORNEY

EMPLOYER INFORMATION

EMPLOYER NAME

ARIZONA UI ACCOUNT NO. OR FEDERAL EIN

Hereby appoints

(Representative Company's Name)

(Representative Company's Phone No.)

To represent said employer before the Arizona Department of Economic Security (DES) in all matters related to Arizona Unemployment Insurance (UI) specified below until further notice (check all boxes that apply):

UI tax preparation/filing including filing/paying via the Internet Tax and Wage System (TWS)

All other general UI matters (all benefit claim protests, all appeals of agency determinations, etc.)

Other, specific UI matter (provide details below to identify the matter or no action will be taken):

Provide representative's address if you want mail concerning the "Other, specific UI matter" sent there:

REPRESENTATIVES COMPANY'S ADDRESS (P.O. Box/Street No., Street, City, State, ZIP)

COMPLETE THIS AREA ONLY IF YOU WANT TO CHANGE THE EMPLOYER'S PRIMARY MAILING ADDRESS

EMPLOYER NAME

PHONE NO.

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

*All general UI correspondence including liability determinations, tax and wage report forms, tax assessments, and notices of tax rates, benefit charges, appeals, liens and claim filings are mailed to the **PRIMARY** address. If you want a **SEPARATE** mailing address for notices of unemployment benefit claim filings, claim determinations and claim appeals, complete the address area below.

OPTIONAL SEPARATE MAILING ADDRESS FOR UNEMPLOYMENT BENEFIT CLAIM-RELATED NOTICES

EMPLOYER NAME

PHONE NO.

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

In witness whereof, said employer has caused this instrument to be attested by the signature of a duly qualified officer or owner this day of

(Day)   (Month)   (Year)

This Limited Power of Attorney authorization cancels and/or supersedes all prior authorizations related to the specified matters and remains in effect until revoked in writing by either the employer or the representative

PRINT NAME *(First, M.I, Last)*

TITLE

SIGNATURE _____

FOR AGENCY USE ONLY

REVISED PRIMARY ADDRESS   REVISED/ADDED CLAIMS ADDRESS

INITIALS   DATE   NOTES