

LIMITED POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, _____, GA DOL Account No. _____,
having its principal office at _____
hereby appoints ^{ADP Tax Services, Inc.,}
a wholly-owned subsidiary of ADP, LLC as its true and lawful agent with authority
to represent the said _____ before the Georgia Department of Labor,
until further notice, in connection with all matters affecting State Unemployment Insurance
Taxes including, with limitation, tax contributions and experience ratings, but excluding claims.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from
the named employer relating to the subject matter hereof. The undersigned warrants that he or
she is authorized to execute this Power of Attorney.

The legal mailing address of the named employer shall remain the same. The employer will
continue to receive all correspondence pertaining to contributions, claims and experience
ratings.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of
Attorney on behalf of the named employer this _____ day of _____, 20____.

Employer's Name

By: _____
Signature

Print or Type Name

Title

The Georgia Department of Labor
Limited Power of Attorney
Completion Guidelines, rev 01/21/19

Employer Account Number: Type or write the Georgia DOL Unemployment Tax account number. This form will not be processed or approved if this account number is not provided.

Employer Name: Type or write the entity name or business name.

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KNOW ALL PERSONS BY THESE PRESENTS:

THAT, _____, GA DOL Account No. _____, having its principal office at _____ hereby appoints _____, ADP Tax Services, Inc., a wholly-owned subsidiary of ADP, LLC as its true and lawful agent with authority to represent the said _____ before the Georgia Department of Labor until further notice, in connection with all matters affecting State Unemployment Insurance Taxes including, with limitation, tax contributions and experience ratings, but excluding claims.

Employer Type: Enter the employer type, i.e. Corporation, LLC, Partnership, Proprietorship, etc.

Business Location Street Address, City, State, and Zip Code: Type or write the entity's or business location address.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from the named employer relating to the subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

The legal mailing address of the named employer shall remain the same. The employer will continue to receive all correspondence pertaining to contributions, claims and experience ratings.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of Attorney on behalf of the named employer this _____ day of _____, 20__.

Date: Enter the effective date of ADP service.

Signature and Title of Employer Official: You must sign this form, print your name and title in order to make this a valid document.

By:

Employer's Name

Signature

Print or Type Name

Title

The completed Limited Power of Attorney should be faxed for processing to:
Georgia Department of Labor
Attn: Kathleen Simon
Fax# (404) 232-3313