## OKLAHOMA EMPLOYMENT SECURITY COMMISSION POWER OF ATTORNEY – BENEFITS

Oklahoma Account #	, Federal ID #
I hereby appoint:	
Name:	
Address:	
City, State, and Zip:	
Telephone No.:	
Fax No.:	
effect until the Oklahoma Employment So	is Power of Attorney shall be effective immediately and shall remain in ecurity Commission receives notice of its revocation. A notice of a see of change of address must be in a separate writing and mailed to the
in-fact is authorized to receive all confider the above-named taxpayer. This Power of	on at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney- ntial information pertaining to unemployment benefit claims relating to Attorney removes all earlier Powers of Attorney previously granted by
in-fact is authorized to receive all confider	on at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney- ntial information pertaining to unemployment benefit claims relating to Attorney removes all earlier Powers of Attorney previously granted by
in-fact is authorized to receive all confider the above-named taxpayer. This Power of the taxpayer for unemployment benefit clair	on at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney- ntial information pertaining to unemployment benefit claims relating to Attorney removes all earlier Powers of Attorney previously granted by m purposes.
in-fact is authorized to receive all confider the above-named taxpayer. This Power of the taxpayer for unemployment benefit clair	on at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney- ntial information pertaining to unemployment benefit claims relating to Attorney removes all earlier Powers of Attorney previously granted by m purposes.  Signature
in-fact is authorized to receive all confider the above-named taxpayer. This Power of the taxpayer for unemployment benefit clair	on at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney- ntial information pertaining to unemployment benefit claims relating to Extra Attorney removes all earlier Powers of Attorney previously granted by m purposes.  Signature  Printed Name
in-fact is authorized to receive all confider the above-named taxpayer. This Power of the taxpayer for unemployment benefit clair  Date  State of	on at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney- ntial information pertaining to unemployment benefit claims relating to Attorney removes all earlier Powers of Attorney previously granted by m purposes.  Signature  Printed Name  Title
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in-fact is authorized to receive all confider the above-named taxpayer. This Power of the taxpayer for unemployment benefit clair  Date  State of	on at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney- ntial information pertaining to unemployment benefit claims relating to E Attorney removes all earlier Powers of Attorney previously granted by m purposes.  Signature  Printed Name  Title  ACKNOWLEDGMENT  Acknowledged to me that he/she executed the above instrument in his/her ct and deed of himself/herself and the taxpayer.



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