VERMONT DEPARTMENT OF LABOR ATTN: Employer Services P.O. Box 488 Montpelier, VT 05601-0488		VT Unemployment Account Number			
Phone: 802-828-4344		Federal Identification Number			
Fax: 802-828-4248 Limited Power of Attorney and		Client Number			
Tax Information Authorization (Business, Estate or Trust)					
Taxpayer's Legal Business Name:					
Trade Name(s):		-			
nereby appoints	as its agent to perform the following acts on its behalf:				
This Limited Power of Attorney form is effective for the this department is otherwise notified.		and will remain in effect until			
<ul> <li>Receive, prepare and file new and amended Verm</li> <li>Obtain from and provide to this agency information</li> <li>Discuss matters as they pertain to the rate assign</li> </ul>	n regarding its returns filed	for periods on or after the date below.			
Address in Fact:					
(C-101 Forms, Rate					
Notices, Statements)					
Telephone No.:					
Please specify the client address where benefit cla	aim related information shoul	d be mailed.			
Client Address:					
(Only Benefit Claim					
Related Information)					
Telephone No.:					
It applies only to the items which have been selected Benefit related matters for the client.	d above as they pertain to t	he Unemployment Insurance Tax and/or			
This limited Power of Attorney revokes all prior Power	ers of Attorney on file with t	he Vermont Department of Labor.			
Person Completing and Signing Power of Attorney	Date				
Signature	Title of Person Sig	ning Power of Attorney			

## **AFFIRMATION OF WITNESS**

l,	affirm	that		appeared to be of sound	
mind and free from duress at aware of the nature of this do	the time this Li	mited Power of Attorney w		(s)he affirmed that (s)he was	
Signature of Witness ( <b>Canno</b>	ot be same as N	otary) Date			
FOR USE BY NOTARY	STATE OF				
			, SS.		
At	on the	day of	p	ersonally appeared	
	w	no acknowledged this Inst	trument and signed b	y him/her as his/her free act a	ind
deed, and before me,		My Commi	ssion expires:		
Signature of Notary Public					
ATTESTATION OF AGENT					
l,		do hereby attest that I	accept appointment	as agent for	
		(hereafter "principal")	and:		
that I understand my duties	under this Limite	ed Power of Attorney and	under the law;		
that I understand that I have expressly required to do so			transactions and typ	bes of transactions if	

that I hereby specifically acknowledge and accept such duties to act in signing this Limited Power of Attorney;

in the case of such a duty to act, my agreement to act on or behalf of the principal is enforceable against me regardless of whether there is any consideration to support a contractual obligation;

that I understand and acknowledge in signing this Limited Power of Attorney, that if I have been selected as agent with the expectation that I have special skills or expertise I will use those skills on behalf of the principal.

Signature of Agent

Date Signed