



**DIVISION OF
EMPLOYMENT
SECURITY**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
POWER OF ATTORNEY

I. Business/Taxpayer			
Name			
Address		City	State
Phone Number		FEIN	U I Tax Number
II. Does Hereby Appoint			
Name of Appointed Representative Matthew Sanford		Phone Number 877-328-6505	
Address 2300 Lake Park Drive Suite 270		City Smyrna	State GA
			Zip Code 30080
as attorney(s)-in-fact to represent taxpayer before the Missouri Division of Employment Security with respect to the following Unemployment Insurance matter(s):			
Type of Representation <i>(check one)</i>			
<input type="checkbox"/> U I Tax and Claim Matters <input type="checkbox"/> U I Tax Only <input type="checkbox"/> U I Claim Only			
Change employer's official mailing address to that of appointed representative for: <i>(check all that apply)</i>			
<input type="checkbox"/> U I Tax Matters <input type="checkbox"/> U I Claim Matters			
<p>This authorization supersedes and revokes any prior power of attorney or authorization on file with the Missouri Division of Employment Security relating to the subject matter hereof. The authorization does <u>not</u> apply to the Division of Employment Security appeals process.</p>			
III. Signature of Business Representative/Taxpayer			
Name <i>(printed)</i>		Title	
Signature		Date	
IV. Signature of Appointed Representative			
Name <i>(printed)</i> Matthew Sanford		Title Agent	
Signature		Date	
V. Please send completed form to:			
<p>Missouri Division of Employment Security Attn: Liability Unit P O Box 59 Jefferson City, MO 65104-0059</p>			