

ALASKA DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
Division of Employment and Training Services – Unemployment Insurance (UI) Tax
P.O. Box 115509, Juneau, AK 99811-5509
(888) 448-3527 or (907) 465-2757, Alaska Relay: (800) 770-8973,
Fax: (907) 465-2374 or Email: esd.tax@alaska.gov

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That _____ UI account no. _____
(business name)

Federal ID no. _____ does hereby constitute and appoint

_____ **David Strickland** _____
(designated authority)

_____ **230 Peachtree St NE Suite 1250** _____
(designated authority mailing address)

_____ City _____ State _____ Zip code _____

_____ Phone _____ Fax _____

its true and lawful attorney in fact with full power and authority to represent said company before the Alaska Department of Labor and Workforce Development, Division of Employment and Training Services effective immediately and until this authority has been revoked in writing in connection with any and all Unemployment Insurance matters as indicated below. For areas you would like this Power of Attorney to apply, check either "New" or "Add." "New" will supersede previous Powers of Attorney for lines checked. "Add" does not supersede previous Powers of Attorney for lines checked.

New Add

- 1. Filing of completed forms, including claims for refund or adjustment of account, liability or status determinations and wage record reports
- 2. Receipt of Tax Rate Notices (TR02)
- 3. Payment of contributions and any penalties and interest assessed on the account
- 4. Discuss matters affecting the experience record and contribution rate of the employer account
- 5. Discuss all matters affecting any adjustments to the employer's account
- 6. Enroll in the State Information Data Exchange System (SIDES) for electronic:
 - Notification of Separation information** **Wage Earnings Audits**
 Contact name: _____ Phone: _____
 Email: _____
- 7. All matters and forms affecting UI benefits, job separation information, hearing notices and decisions
- 8. Allow discussion of rates and designated authority (above) supplemental reports/payments.

IN WITNESS WHEREOF, the said _____
(owner, officer or member)

has caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day of _____, 20____.

By (employer signature):	Printed name	Title and company:
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STATE: _____ COUNTY OF _____, _____, 20____

Then, personally appeared the above named _____ whose title is _____ and acknowledged the foregoing instrument to be his/her free act and deed in his/her said capacity.

Notary public	Type or print name	My commission expires
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