

**EMPLOYMENT SECURITY COMMISSION OF NORTH CAROLINA
POST OFFICE BOX 26504
RALEIGH, NC 27611-6504**

**POWER OF ATTORNEY
AND
DECLARATION OF REPRESENTATIVE**

EMPLOYER NAME *(Exactly as shown on Employer Security Commission Records)*

FEDERAL EMPLOYER IDENTIFICATION NUMBER

STATE UNEMPLOYMENT TAX ACCOUNT NUMBER

REPRESENTATIVE NAME

The above representative is hereby appointed to represent employer in all matters pertaining to contributions (tax) and benefits (claims) until further notice. This representation includes:

1. Completing and delivering all forms for filing Employer's Tax and Wage Reports, claims for refunds, or adjustments;
2. To complete and respond to benefit claims including but not limited to the completion of Form NCUI 500AB and providing information relative thereto;
3. Authorization to send to the representative notices in matters regarding contributions (tax) and benefits (claims);
4. All matters affecting the tax rate, contributions (tax), and/or direct reimbursements;
5. The personal discussion of any and all of the foregoing with proper officials of the Employment Security Commission of North Carolina;
6. The initial Application for Review and Redetermination of the employer's tax rate;
7. This Power of Attorney and declaration of Representative revokes all earlier reporting representative authorizations and Powers of Attorney issued by the undersigned employer;

8. The undersigned employer acknowledges that the representative is not authorized by this document to represent the employer in any hearings conducted by the Employment Security Commission of North Carolina or to enter any appeals from any decisions of the Employment Security Commission of North Carolina whether such decisions are rendered by Adjudicators, Appeals Referees, Deputy Commissioners, Commissioners, the Chairman, or any other authorized employee of the Employment Security Commission of North Carolina. To comply with the requirements of N.C.G.S. 96-17(b) , a separate form Notice of Attorney Supervision must be completed in order for the representative to appear at hearings or to enter notice of appeal for the employer; and

9. The representative's address (is)(is not) to be the address of record in matters regarding contributions (tax) and benefit claims; (is) (is not) to be the special claims address in matters regarding benefits (claims only).

This Power of Attorney and Declaration of Representative shall become effective on the _____ day of _____, _____, and shall remain in effect until revoked by the employer, the representative, or the Employment Security Commission of North Carolina.

(SEAL)
AUTHORIZING SIGNATURE (must be the proprietor, a general partner,
or duly elected corporate officer)

TITLE

TYPED OR PRINTED NAME

SUBSCRIBED AND SWORN to before me on this ____ day of _____

NOTARY PUBLIC

(Notary Seal)

My Commission expires _____

REPRESENTATIVE NAME

ADDRESS

CITY, STATE, ZIP

REPRESENTATIVE SIGNATURE

TYPED OR PRINTED NAME

TITLE