

OKLAHOMA EMPLOYMENT SECURITY COMMISSION POWER OF ATTORNEY

I, _____, am the owner or agent with authority to contract for

Oklahoma account # _____, Federal ID # _____.

I hereby appoint:

Name _____

Address _____

City, State, Zip _____

Telephone No. _____

Fax No. _____

as attorney-in-fact to represent the above-named taxpayer before the Oklahoma Employment Security Commission with respect to all unemployment insurance benefit and tax matters. This Power of Attorney shall be effective immediately and shall remain in effect until the Oklahoma Employment Security Commission receives notice of its revocation. The notice of revocation of a Power of Attorney must be in writing and mailed to the Oklahoma Employment Security Commission at P.O.Box 52003, Oklahoma City, OK 73152-2003. The attorney-in-fact is authorized to receive all confidential information pertaining to the taxpayer and the taxpayer's unemployment insurance tax account. This Power of Attorney removes all earlier powers of attorney previously granted by the taxpayer.

Date

Signature

Print Name

Title

(This form must be accompanied by a notarized Acknowledgment)

