

LIMITED POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

THAT, _____, GA DOL Account No. _____, having its principal office at _____ hereby appoints _____ as its true and lawful agent with authority to represent the said _____ before the Georgia Department of Labor, until further notice, in connection with all matters affecting State Unemployment Insurance Taxes including, with limitation, tax contributions and experience ratings, but excluding claims.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from the named employer relating to the subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

The legal mailing address of the named employer shall remain the same. The employer will continue to receive all correspondence pertaining to contributions, claims and experience ratings.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of Attorney on behalf of the named employer this _____ day of _____, 20____.

Employer's Name

By: _____
Signature

Print or Type Name

Title