

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 PO 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

Printed Name

Title

Acknowledgment

State of _____)
) SS.
County of _____)

Before me, the undersigned, a notary public in and for this county and state, personally appeared _____ and acknowledged to me that he executed the above foregoing instrument in his official capacity as the free and voluntary act and deed of himself and the taxpayer.

Witness of this fact I signed this document and affix my official seal this _____ day of _____.

My Commission Expires:

Notary Public

