UTAH DEPARTMENT OF WORKFORCE SERVICES
UNEMPLOYMENT INSURANCE-CONTRIBUTIONS

POWER OF ATTORNEY / AUTHORIZATION OF AGENT FORM

KNOW ALL MEN BY THESE PRESENTS:

THAT THE UNDERSIGNED, **COMPANY LEGAL NAME**

a **TYPE OF BUSINESS**   Federal Identification Number: **99-9999999**
(corporation, partnership, individual)

State Identification Number: **W 9-999999-9**   State: **STATE**

Having its principal office at: **COMPANY LEGAL ADDRESS, CITY, STATE ZIP CODE**

Does hereby constitute and appoint: **PAYCYCLE, INC.**

6884 SIERRA CENTER PKWY

RENO, NV 89511

(legal name and complete address)

its divisions and subsidiaries the true and lawful attorneys-in-fact of the undersigned, until further written notice, to represent the undersigned before any and all government bodies, agencies or instrumentalities, in all matters affecting unemployment insurance taxes including, without limitation, the following:

(Check all that is applicable:)

[X] **Unemployment tax matters**

[ ] **Unemployment claims matters (determinations, hearing notices, appeals, benefit charges)**

Each of said attorneys-in-fact shall have the power to act with or without the others and the power authority to perform, in the name and on behalf of the undersigned, every act necessary to carry out the subject matter hereof as fully as the undersigned could do. The undersigned hereby ratifies and approves the acts of said attorneys-in-fact. The services to be performed shall specifically exclude any which now or in the future may be deemed to be the practice of law.

(MUST check applicable box:)

[ ] **Please change the address of record to the following attorney-in-fact address:**

[X] **Do not change the address of record.**

140 East 300 South • Salt Lake City, Utah 84111
801-526-9235 or toll free 800-222-2857 • FAX 801-526-9236 • Relay Utah 711
Spanish Relay Utah 1-888-346-3162 • Equal Opportunity Employer/Programs • jobs.utah.gov

This Authorization:

☐ **supersedes and revokes any prior power of attorney authorization from the undersigned relating to the subject matter hereof, and is valid from this date until rescinded by a letter or superseded.**

☒ **is in addition to any prior power of attorney authorization from the undersigned relating to the subject matter hereof, and is valid from this date until rescinded by a letter or superseded.**

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Authorization

this ___**DD**___ day of ___**MONTH**___ , 20 _**YY**___ .

Notary or company seal,
(if applicable):

NAME OF COMPANY
Name of Company   (type or print)

By: **PRIMARY PRINCIPAL SIGNATURE**
Signature   (Authorized Officer)

PRIMARY PRINCIPAL NAME
Name and Title   (type or print)

WITNESS:

WITNESS SIGNATURE
Signature

WITNESS NAME AND TITLE
Name and Title   (type or print)