

**Pennsylvania Unemployment Compensation
POWER OF ATTORNEY**

Know all men by these present, that I, _____
(EMPLOYER'S NAME)

Account No. - - , FEIN -

a _____, having my principal office at _____
(TYPE OF ENTITY)

(EMPLOYER'S BUSINESS ADDRESS, CITY, STATE AND ZIP CODE)

do hereby make, constitute and appoint Advantage Payroll Services, Inc. (APSI)
(ATTORNEY-IN-FACT NAME)

126 Merrow Rd. or PO Box 1330 Auburn, ME 04211-1330
(ATTORNEY-IN-FACT MAILING ADDRESS, CITY, STATE AND ZIP CODE)

my true and lawful attorney-in-fact with full power and authority to represent me before, and act on my behalf with, the —

1. Bureau of Employer Tax Operations, in any matter(s) relating to my liability for unemployment compensation contributions.

A. Also, I authorize the Bureau of Employer Tax Operations to change my mailing address in its records to the address of said attorney-in-fact. (This will result in mailings of quarterly UC tax returns, tax rate notices, and miscellaneous tax notices, including deficiency notices, to be sent to the attorney-in-fact.)

2. Bureau of Unemployment Compensation Benefits and Allowances, in any matter(s) relating to unemployment compensation benefit payments.

A. Also, I authorize the Bureau of Unemployment Compensation Benefits and Allowances to change my mailing address in its records to the address of said attorney-in-fact for:

- (1) monthly notices of compensation charged
- (2) notices of financial determination and associated relief from charge notices

I hereby ratify and confirm all that said attorney-in-fact, or its agents, employees or substitutes shall or may do or cause to be done by virtue of the power herein conferred until written notice of revocation hereof is received by the Department of Labor and Industry.

I hereby revoke all prior, inconsistent powers of attorney.

In delegating authority to said attorney-in-fact, for the purposes specified above, it is expressly understood that the attorney-in-fact and I are equally responsible and each shall incur liability for the penalties provided for false and/or fraudulent statements or omissions, whether written or oral.

Dated at _____ this _____ day of _____ 20 _____

By: _____
(SIGNATURE-AUTHORIZED REPRESENTATIVE OF THE EMPLOYER)

By: _____
(SIGNATURE-AUTHORIZED REPRESENTATIVE OF THE ATTORNEY-IN-FACT)

Title: _____

Title: _____

Acknowledged before me this _____ day of _____ 20 _____

(Seal)

See reverse for instructions and information on completion of this form.