

**SOUTH DAKOTA UNEMPLOYMENT INSURANCE DIVISION  
POWER OF ATTORNEY/AUTHORIZATION OF AGENT**

KNOW ALL PERSONS BY THESE PRESENTS:

THAT THE UNDERSIGNED, \_\_\_\_\_, a  
\_\_\_\_\_ (corporation, partnership, individual) Federal Identification  
Number \_\_\_\_\_, State Identification Number \_\_\_\_\_ State of South  
Dakota, having its principal office at \_\_\_\_\_, does hereby  
constitute and appoint **Advantage Payroll Services Inc.** \_\_\_\_\_ 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, regarding the  
following matter as marked below (check all that apply):

**ADDRESS OF RECORD WILL BE CHANGED TO THE POA ADDRESS:**

TAX MATTERS (Including Rate Notice, Quarterly Reports, Delinquent Notice, Debit/Credit Notice)  
 BENEFIT MATTERS (Including Benefit Charges, Claim Notices and Appeals information)  
 OTHER (please be specific) \_\_\_\_\_

POA ADDRESS: \_\_\_\_\_

**ADDRESS OF RECORD WILL REMAIN THE EMPLOYER'S ADDRESS:**

TAX  
 BENEFITS/APPEALS

Each of said attorneys-in-fact shall have the power to act with or without the others and the power and authority to perform, in the name of 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.

This authorization supersedes and revokes any prior power of attorney or authorization from the undersigned relating to the subject matter hereof.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this authorization this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**\*\*\*NOTARY PUBLIC SEAL OR CORPORATE  
SEAL REQUIRED\*\*\***

\_\_\_\_\_  
Name of Employer's Company (type/print)

\_\_\_\_\_  
Employer's Signature (Authorized Officer)

\_\_\_\_\_  
Employer's Name and Title (type/print)