



Department of Workforce Development
Unemployment Insurance
Employer Power of Attorney Designation

Be Advised That:

_____ (the employer), U.C. Account No. _____,

having its principal office located at _____
(Street Address, City, State, and Zip Code)

_____ appoints _____ Advantage Payroll Services, Inc.
(Name of Representing Company)

located at _____ 1175 John Street, West Henrietta, NY 14586 _____, as its attorney with
(Street Address, City, State, and Zip Code)

limited power to represent the employer before the Wisconsin Unemployment Compensation Division. This representation applies to all matters affecting unemployment compensation limited to all contributions, refunds, and experience rating.

The employer further recognizes that the Wisconsin Unemployment Compensation Division maintains three (3) separate and distinct mailing groups which include, although are not limited to:

- Group I UCB-16 Separation Notice
UCB-23 Eligibility Report
UCB-20 Initial Determination
Group II UCB-7074 Unemployment Compensation Benefit Charges and Adjustments Report
Group III UCB-719 Urgent Request for Wages
UCB-701 Computation of Unemployment Compensation Benefits
UCB-708 Notice of Changed Liability for U.C. Benefits
UCT-101 Quarterly Contribution Report
UC-101A Quarterly Contribution/Wage Report
UCT-102 Statement of Employer's Account
UC-7823 Quarterly Wage Report

The employer authorizes Group(s) _____ None _____ to be mailed to the named attorney's
List Group Number(s)

above-listed address and the remaining group(s) _____ group I, II, and III _____ to be mailed to
its (employer's) principal office. List Group Number(s)

This designation takes effect on ____/____/____ and supersedes all previous designations.

By the signatures below, the employer known as _____
approves the above directions and voluntarily enters into this designation on ____/____/____.

Employer Name _____

Authorized Signature _____

Date ____/____/____

Title _____

Witnessed By _____

Date ____/____/____

Title _____