

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION

Reemployment Assistance Division

PO Box 4730, Aberdeen, SD 57402-4730

Tel: 605.626.2312

Fax: 605.626.3347

dlr.sd.gov

POWER OF ATTORNEY (POA)/AUTHORIZATION OF AGENT

Effective Date: _____ That the Undersigned Employer: _____

Employer's Mailing Address: _____

City: _____ State: _____ Zip: _____

Federal ID Number: _____ SD RA Account Number: _____ or Applied for: _____

POWER OF ATTORNEY/ADDRESS AUTHORIZATION (Mark all that apply)

TAX *Power of Attorney*

Indicate below the address that should receive all Tax information, including rate notices, quarterly reports, benefit charges, delinquent notices, and debit/credit notices. *If left blank, the address will default to the employer's mailing address listed above.*

Does hereby Appoint POA: _____

Address: _____

City: _____ State: _____ Zip: _____

BENEFITS *Power of Attorney*

Indicate below the address that should receive all Benefit information, including claim notices and appeals. *If left blank, the address will default to the employer's mailing address listed above.*

Does hereby Appoint POA: _____

Address: _____

City: _____ State: _____ Zip: _____

LIMITED *Power of Attorney*

Does Hereby Appoint POA: _____

Indicating Limited Power of Attorney denotes that the appointed POA listed above files the quarterly reports for the employer. Limited Power of Attorney also allows access to employer payroll information and tax rates. **There is no address change with Limited Power of Attorney.**

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.

Signature: _____ Date: _____

Employer Name: _____ Title: _____

Phone: _____