

# LIMITED POWER OF ATTORNEY

## KNOW ALL PERSONS BY THESE PRESENTS:

THAT, \_\_\_\_\_, GA DOL Account No. \_\_\_\_\_,  
having its principal office at \_\_\_\_\_  
hereby appoints <sup>ADP Tax Services, Inc.,</sup>  
a wholly-owned subsidiary of ADP, Inc. as its true and lawful agent with authority  
to represent the said \_\_\_\_\_ before the Georgia Department of Labor,  
until further notice, in connection with all matters affecting State Unemployment Insurance  
Taxes including, with limitation, tax contributions and experience ratings, but excluding claims.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from  
the named employer relating to the subject matter hereof. The undersigned warrants that he or  
she is authorized to execute this Power of Attorney.

The legal mailing address of the named employer shall remain the same. The employer will  
continue to receive all correspondence pertaining to contributions, claims and experience  
ratings.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of  
Attorney on behalf of the named employer this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Employer's Name

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title