

LIMITED POWER OF ATTORNEY

EMPLOYER INFORMATION

EMPLOYER NAME	ARIZONA UI ACCOUNT NO. OR FEDERAL EIN
<input type="text"/>	<input type="text"/>

Hereby appoints

Public Partnerships, LLC	(844) 225-3659
<i>(Representative Company's Name)</i>	<i>(Representative Company's Phone No.)</i>

To represent said employer before the Arizona Department of Economic Security (DES) in all matters related to Arizona Unemployment Insurance (UI) specified below until further notice (check all boxes that apply):

- UI tax preparation/filing including filing/paying via the Internet Tax and Wage System (TWS)
- All other general UI matters (all benefit claim protests, all appeals of agency determinations, etc.)
- Other, specific UI matter (provide details below to identify the matter or no action will be taken):

Provide representative's address if you want mail concerning the "Other, specific UI matter" sent there:

REPRESENTATIVES COMPANY'S ADDRESS (P.O. Box/Street No., Street, City, State, ZIP)

COMPLETE THIS AREA ONLY IF YOU WANT TO CHANGE THE EMPLOYER'S PRIMARY MAILING ADDRESS

EMPLOYER NAME	PHONE NO.
<input type="text"/>	<input type="text"/>

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

*All general UI correspondence including liability determinations, tax and wage report forms, tax assessments, and notices of tax rates, benefit charges, appeals, liens and claim filings are mailed to the **PRIMARY** address. If you want a **SEPARATE** mailing address for notices of unemployment benefit claim filings, claim determinations and claim appeals, complete the address area below.

OPTIONAL SEPARATE MAILING ADDRESS FOR UNEMPLOYMENT BENEFIT CLAIM-RELATED NOTICES

EMPLOYER NAME	PHONE NO.
<input type="text"/>	<input type="text"/>

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

In witness whereof, said employer has caused this instrument to be attested by the signature of a duly qualified officer or owner this day of
(Day) (Month) (Year) .

This Limited Power of Attorney authorization cancels and/or supersedes all prior authorizations related to the specified matters and remains in effect until revoked in writing by either the employer or the representative

PRINT NAME <i>(First, M.I., Last)</i>	TITLE
<input type="text"/>	Owner

SIGNATURE _____

FOR AGENCY USE ONLY

- REVISED PRIMARY ADDRESS
- REVISED/ADDED CLAIMS ADDRESS

INITIALS DATE NOTES