OES-190B (Rev.4-07)

OKLAHOMA EMPLOYMENT SECURITY COMMISSION
POWER OF ATTORNEY – BENEFITS

I, _____, am the owner or officer with authority to contract for _____,

Oklahoma Account #_____, Federal ID #_____.

I hereby appoint:

Name: _____
Address: _____
City, State, and Zip: _____
Telephone No.: _____
Fax No.: _____

As attorney-in-fact to represent the above-named taxpayer before the Oklahoma Employment Security Commission with respect to all unemployment insurance benefit claims and issues arising pursuant to Article II of the Employment Security Act of 1980. This Power of Attorney shall be effective immediately and shall remain in effect until the Oklahoma Employment Security Commission receives notice of its revocation. A notice of a revocation of a Power of Attorney or a notice of change of address must be in a separate writing and mailed to the Oklahoma Employment Security Commission at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney-in-fact is authorized to receive all confidential information pertaining to unemployment benefit claims relating to the above-named taxpayer. This Power of Attorney removes all earlier Powers of Attorney previously granted by the taxpayer for unemployment benefit claim purposes.

_____ **Date**

_____ **Signature**

_____ **Printed Name**

_____ **Title**

ACKNOWLEDGMENT

State of _____)
) SS.
County of _____)

Before me, the undersigned, a notary public in and for this county and state, personally appeared _____ and acknowledged to me that he/she executed the above instrument in his/her official capacity as the free and voluntary act and deed of himself/herself and the taxpayer.

In witness of this fact, I signed this document and affixed my official seal on _____, _____.

Official Seal with Commission Number
And Expiration Date:

_____ **Notary Public**

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