

**NC Dept. of Commerce**

**Division of Employment Security**

Post Office Box 26504, Raleigh, NC 27611-6504 (\* All fields are required unless specified optional \*)

**POWER OF ATTORNEY AND DECLARATION OF REPRESENTATIVE**

**Part 1. Employer's Information. Must sign and date this form on page 2**

EMPLOYER'S NAME AND ADDRESS  
(Exactly as shown on the Division of Employment Security Records)

**EMPLOYER NAME**  
**EMPLOYER ADDRESS**  
**EMPLOYER CITY, STATE ZIP CODE**

STATE UNEMPLOYMENT TAX ACCOUNT NUMBER

FEDERAL EMPLOYER IDENTIFICATION NUMBER

**EMPLOYER FEIN NUMBER**

**Part 2. Representative**

REPRESENTATIVE NAME  
ACUMEN FISCAL AGENT

ADDRESS  
5416 E BASELINE RD STE 200

EMAIL ADDRESS  
TAX-NC@ACUMEN2.NET

PHONE NUMBER  
(623) 792-6100  
CITY, STATE, ZIP CODE  
MESA, AZ, 85206

FAX NUMBER  
(480) 371-2241

The above representative is appointed to represent the above-referenced employer in any of the matters pertaining to contributions (tax) and benefits (claims) as listed below. An agent appointed pursuant to this Power of Attorney and Declaration may:

1. Complete and submit documents for filing employer's tax and wage reports;
2. Complete and submit documents regarding an employer's tax rate, contributions, and direct reimbursements;
3. Respond to benefit claims documents, including responding to requests for information about a claimant's separation or status;
4. Engage in discussion with a representative of the Division of Employment Security regarding the actions listed above; and
5. Accept or receive correspondence sent by DES regarding claims for benefits or an employer's contributions.

The undersigned employer acknowledges that the agent appointed pursuant to this Power of Attorney and Declaration of Representative is not authorized to: (a) Represent the employer in hearings (b) Enter appeals except as authorized by N.C. Gen. Stat. § 96-17(b), and 04 N.C. Admin. Code 24A.0110(a) and (b).

The undersigned employer further acknowledges that its mailing address for tax matters will remain unchanged, unless the employer submits a change of address in accordance with 04 N.C. Admin. Code 24A.0102.

**Part 3. Agent Account Number**

Your representative may request an Agent account number with this Division to perform above services on behalf of your business. If your representative has an Agent account number, please provide this number below. If not, visit the Division's website at [www.des.nc.gov/employers](http://www.des.nc.gov/employers) and click on 'Third-Party Administrators and Agents' for more information.

(optional) Agent account number: 18090

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**Part 4. Declaration of Representative**

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**This Power of Attorney and Declaration of Representative shall become effective on \_\_\_\_\_ and shall remain in effect until revoked by the employer, the representative, or the Division of Employment Security. On the effective date, this Power of Attorney and Declaration of Representative revokes any earlier power of attorney on file with the Division of Employment Security.**

**(SEAL)**

**EMPLOYER SIGNATURE**

AUTHORIZING SIGNATURE

*(Individual signing must be the proprietor, a general partner or duly elected corporate official exactly as shown on the Division of Employment Security records).*

**EMPLOYER'S PRINTED NAME**

TYPED OR PRINTED NAME

DOMESTIC EMPLOYER

TITLE

**SIGNED AND SWORN** to before me on this \_\_\_\_\_ day of \_\_\_\_\_.

**E-NOTARY PUBLIC SEAL**

\_\_\_\_\_  
REPRESENTATIVE SIGNATURE

\_\_\_\_\_  
TYPED OR PRINTED NAME

\_\_\_\_\_  
TITLE