

**NORTH CAROLINA DEPARTMENT OF COMMERCE  
DIVISION OF EMPLOYMENT SECURITY  
POST OFFICE BOX 26504  
RALEIGH, NC 27611-6504**

**POWER OF ATTORNEY  
AND  
DECLARATION OF REPRESENTATIVE**

\_\_\_\_\_  
EMPLOYER NAME (Exactly as shown on Division of Employment Security records)

\_\_\_\_\_  
FEDERAL EMPLOYER IDENTIFICATION NUMBER

\_\_\_\_\_  
STATE UNEMPLOYMENT TAX ACCOUNT NUMBER

\_\_\_\_\_  
REPRESENTATIVE NAME

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

1. Complete and submit documents for filing employers' 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 discussions with representatives of the Division of Employment Security regarding the actions listed above; or
5. Accept or receive correspondence sent by DES regarding claims for benefits or an employer's contributions.
6. The undersigned employer acknowledges that the agent appointed pursuant to this Power of Attorney and Declaration of Representative is not authorized to represent the employer in hearings or to enter appeals except as authorized by N.C. Gen. Stat. § 96-17(b), and 04 N.C. Admin. Code 24A .0109 and 04 N.C. Admin. Code 24A .0110.
7. 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.

( X ) Link this employer to Claims Remitter No. 018352.

( X ) Add the representative's address as a special claims address to this employer.

Acumen Fiscal Agent, LLC  
\_\_\_\_\_  
Representative Name

5416 E Baseline Rd., Suite 200  
\_\_\_\_\_  
Address

Mesa, AZ 85206  
\_\_\_\_\_  
City, State, Zip

This Power of Attorney and Declaration of Representative shall become effective on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and shall remain in effect until revoked by the employer, the representative, or the Division of Employment Security.

(SEAL)

\_\_\_\_\_  
AUTHORIZING SIGNATURE  
*(must be the proprietor, a general partner or duly elected corporate officer)*

\_\_\_\_\_  
TITLE

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

SUBSCRIBED AND SWORN to before me on this \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

*(Notary Seal)*

My Commission expires \_\_\_\_\_, \_\_\_\_\_.

Acumen Fiscal Agent, LLC  
\_\_\_\_\_  
REPRESENTATIVE NAME

Acumen Fiscal Agent, LLC  
\_\_\_\_\_  
TYPED OR PRINTED NAME

Tax Specialist  
\_\_\_\_\_  
TITLE