

ACCOUNT NUMBER 0 0 0	FORM NUMBER 68-0092	DOCUMENT CONTROL DATE
DESCRIPTION		
DESCRIPTION (CONTINUED)		FOR ADMINISTRATIVE USE ONLY

IOWA WORKFORCE DEVELOPMENT UNEMPLOYMENT INSURANCE (UI) TAX BUREAU
Declaration of Power of Attorney or Authorized Representative - 68-0092 (05-07)

1. Provide Employer/Company Information

Legal Name of Business or Last Name of Sole Proprietor

First Name of Sole Proprietor

Initial

Federal Identification Number

Social Security Number

Iowa UI Tax Account Number

DBA Name

Current Mailing Address

Telephone Number

City

State

Zip Code + 4

Employer's E-Mail Address

2. Provide Power of Attorney or Authorized Representative Information

Name of Firm or Company's Legal Name

Federal Identification Number

Name (if Firm is not designated)

Telephone Number

Fax Number

Address

City

State

Zip Code + 4

Employer's E-Mail Address of Power of Attorney or Authorized Representative

Check appropriate box. Refer to instructions for explanation of privileges.

Power of Attorney

Authorized Representative

As the true and lawful agent, with limited power and authority to represent the said employer before Iowa Workforce Development, until further notice, in only the matters selected below: (Please check all pertinent boxes)

All Unemployment Insurance matters

All Tax related matters

All Claims/Benefits related matters.

Filing - Unemployment Insurance Reports and payments

3. Provide Additional Power of Attorney or Authorized Representative

Name of Firm or Company's Legal Name

Federal Identification Number

Name (if Firm is not designated)

Telephone Number

Fax Number

Address

City

State

Zip Code + 4

Employer's E-Mail Address of Power of Attorney or Authorized Representative

Check appropriate box. Refer to instructions for explanation of privileges.

Power of Attorney

Authorized Representative

As the true and lawful agent, with limited power and authority to represent the said employer before Iowa Workforce Development, until further notice, in only the matters selected below: (Please check all pertinent boxes)

All Unemployment Insurance matters

All Tax related matters

All Claims/Benefits related matters.

Filing - Unemployment Insurance Reports and payments

Attach a schedule for additional representatives.

Signature of Employer/Corporate Officer, Partner, Member Or Fiduciary

Date

Print Name

Title

IF NOT SIGNED AND DATED, THIS DECLARATION OF POWER OF ATTORNEY OR AUTHORIZED REPRESENTATIVE WILL NOT BE VALID.

You may fax this agreement to (515) 281-4273 or mail the original copy to:

Iowa Workforce Development
Tax Bureau
1000 East Grand Avenue
Des Moines, Iowa 50319-0209