

COMMONWEALTH OF KENTUCKY  
DIVISION OF UNEMPLOYMENT INSURANCE  
P.O. BOX 948  
FRANKFORT, KY 40602-0948

**Power of Attorney for Representing Employer for Unemployment Insurance Related Matters**

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Kentucky Employer Identification Number (KEIN): \_\_\_\_\_

Employer: \_\_\_\_\_

Located at: \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street Address, City, State, Zip Code)

E-mail address: \_\_\_\_\_

Hereby authorizes: \_\_\_\_\_

Located at: \_\_\_\_\_ Telephone \_\_\_\_\_  
(Street Address, City, State, Zip Code)

E-mail address: \_\_\_\_\_

to represent the Employer before the Division of Unemployment Insurance in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest and penalties under the Kentucky Unemployment Compensation Laws and Regulations, until such time as the appointment is terminated.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from the named employer relating to the subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Employer

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Title

**(Please initial one below)**

\_\_\_\_\_  
Date

\_\_\_\_ I respectfully request that my authorized representative be the address of record for all forms and correspondence pertaining to unemployment tax related matters.

\_\_\_\_ The legal mailing address of the named employer shall remain the same. The employer will continue to receive all correspondence pertaining to unemployment tax related matters.