



**DIVISION OF
EMPLOYMENT
SECURITY**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
POWER OF ATTORNEY

I. Business/Taxpayer				
Name				
Address		City	State	Zip Code
Phone Number	FEIN		U I Tax Number	
II. Does Hereby Appoint				
Name of Appointed Representative			Phone Number	
Address		City	State	Zip Code
as attorney(s)-in-fact to represent taxpayer before the Missouri Division of Employment Security with respect to the following Unemployment Insurance matter(s):				
Type of Representation (<i>check one</i>)				
<input type="checkbox"/> U I Tax and Claim Matters		<input type="checkbox"/> U I Tax Only		<input type="checkbox"/> U I Claim Only
Change employer's official mailing address to that of appointed representative for: (<i>check all that apply</i>)				
<input type="checkbox"/> U I Tax Matters		<input type="checkbox"/> U I Claim Matters		
This authorization supersedes and revokes any prior power of attorney or authorization on file with the Missouri Division of Employment Security relating to the subject matter hereof. The authorization does <u>not</u> apply to the Division of Employment Security appeals process.				
III. Signature of Business Representative/Taxpayer				
Name (<i>printed</i>)		Title		
Signature			Date	
IV. Signature of Appointed Representative				
Name (<i>printed</i>)		Title		
Signature			Date	
V. Please send completed form to:				
Missouri Division of Employment Security Attn: Liability Unit P O Box 59 Jefferson City, MO 65104-0059				