

Declaration of Power of Attorney or Authorized Representative

68-0092 (03-12)

1. Business granting Power of Attorney or Authorized Representative

Legal Business Name: _____ UI Account #: _____
DBA: _____ FEIN: _____
Sole Proprietor Name
(First, MI, Last): _____ SSN: _____
Mailing Address 1: _____
Mailing Address 2: _____
City: _____ State/Province: _____ Zip+4/Postal Code: _____
Phone: _____ Ext: _____

2. Effective dates for Power of Attorney or Authorized Representative

Effective Date: _____ Through (and including) the Termination Date of: _____

3. Provide the information of who is receiving Power of Attorney or Authorized Representative

Name of Firm or Legal
Business Name: _____ FEIN: _____
Name of Individual: _____ Agent ID: R _____
Address 1: _____
Address 2: _____
City: _____ State/Province: _____ Zip+4/Postal Code: _____
Phone: _____ Ext: _____

Note: If you include more than one party, contact IWD at (888) 848-7442 option #3 then option #7.

4. Indicate which roles will be granted

Will you be granting ☐ Power of Attorney or ☐ Authorized Representative

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

General Roles:

- ☐ All Unemployment Insurance matters
- ☐ Only Claims/Benefits related matters
- ☐ Only Tax related matters

MyIowaUI.org Website Roles: (This applies to all reporting units)

- | | |
|---|--|
| <input type="checkbox"/> All Roles | <input type="checkbox"/> Submit/Change Wage Detail |
| <input type="checkbox"/> System Administrator | <input type="checkbox"/> Wage Detail View Only |
| <input type="checkbox"/> Maintain Account | <input type="checkbox"/> View Correspondence |
| <input type="checkbox"/> Manage Payments | <input type="checkbox"/> View Transaction History |
| <input type="checkbox"/> Payment View Only | <input type="checkbox"/> Benefit/Claim Information |

Note: If you want to grant privileges based on reporting units, contact IWD at (888) 848-7442.

Authorized Signature

Date

Print Name Here

Title

Phone

If this form is not signed and dated, this declaration of Power of Attorney or Authorized Representative will not be valid.

Return the signed form to: Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines Iowa 50319-0209



Equal Opportunity Employer/Program
Auxiliary aids & services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.