

## POWER OF ATTORNEY

Please print or type the information. Instructions for completing this form are provided on the reverse.

### Employer Information

Employer Name	Trade Name	Employer Account Number (Required)	
Street Address	City	State	ZIP Code

### Purpose of Application (Check all that apply)

<input type="checkbox"/> Acceptance of power of attorney      Effective Date _____ Does this power of attorney supersede a previous power of attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>Yes</b> , complete <b>Discontinuation of power of attorney</b> below.	
<input type="checkbox"/> Discontinuation of power of attorney      Effective Date _____ Name of the entity or individual with power of attorney to be discontinued _____	
<input type="checkbox"/> For all unemployment insurance (UI) information	<input type="checkbox"/> For UI tax-related information
<input type="checkbox"/> For UI benefit-claim-related information	<input type="checkbox"/> For all distribution points of this account number
<input type="checkbox"/> For specified distribution points of this account number	
Name of Power of Attorney	

### Mailing-Address Information

Provide your preferred mailing address for UI correspondence. All UI correspondence will be mailed to the address you provide below unless you elect to have UI-benefit-claim-related information sent to a different address. UI tax-related forms include, but are not limited to, Forms UITR-1, Unemployment Insurance Tax Report; UITR-1a, Unemployment Insurance Report of Worker Wages; UITR-2, Unemployment Insurance Tax Statement; UITR-7, Notice of Employer's Tax Rate; and UITD-1, Notice of Delinquent Tax Report.

Complete Mailing Address	Telephone Number
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**Complete only if different from above.** If you prefer to have UI benefit-claim-related information sent to a different address, complete this section. If not, all UI correspondence will be mailed to the address you provided above. UI benefit-related forms include, but are not limited to, Forms UIB-290, Request for Job-Separation Information; UIF-290, Notice of Wages Reported/Potential Charges; and UIB-6, Notice of Decision.

Complete Mailing Address	Telephone Number
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### Employer Approval

I hereby grant permission to the above-named entity or individual to act on my behalf for the purpose stated on this document.

Employer Name (Printed)	Title	
Employer Signature (Required)	Date	
Power of Attorney Representative Signature (Required)	Title	Date

City of \_\_\_\_\_ )  
 County of \_\_\_\_\_ ) SS.  
 State of \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

My Commission Expires \_\_\_\_\_ Notary Public

Office Use Only	Date	Initials
Power of attorney approved by UI Operations		

# INSTRUCTIONS FOR COMPLETING THE POWER OF ATTORNEY

## Employer Information

**Employer Name:** Type or write the entity name or business name.

**Trade Name:** Type or write the doing-business-as name or trade name.

**Employer Account Number:** Type or write the 9-digit Colorado unemployment insurance (UI) tax account number. The power of attorney will not be processed or approved if this account number is not provided.

**Street Address, City, State, and ZIP Code:** Type or write the entity's or business's location address.

## Purpose of Application

**Acceptance of power of attorney:** Check this box if you want to name or change an entity or individual to have power of attorney. If you check this box, you must provide an effective date.

**Discontinuation of power of attorney:** Check this box if you want to remove or change the entity or individual with power of attorney. If you check this box, you must provide an effective date.

**For all unemployment insurance (UI) information:** Check this box if you want to accept or discontinue power of attorney for all information related to your UI account number.

**For UI tax-related information:** Check this box if you want to accept or discontinue power of attorney for UI tax-related information.

**For UI benefit claim-related information:** Check this box if you want to accept or discontinue power of attorney for UI benefit claim-related information.

**For all distribution points of this account number:** Check this box if all the distribution-point accounts, if applicable, for the employer account shown are affected.

**For specific distribution points of this account number:** Check this box if only specific distribution-point accounts for the employer account shown, if applicable, are affected. You must attach a list of the specific distribution-point accounts affected.

**Name of Power of Attorney:** Type or write the name of the entity or individual you want to accept as the power of attorney. Do not list an individual employee of a business unless that is the business name.

## Mailing-Address Information

**Complete Mailing Address:** Complete the first section if you are adding, changing, or removing a power of attorney from an entity or individual. This information must be complete so that the UI Program is informed as to who will be responsible for UI correspondence. Provide a second mailing address only if you want the claim-related information sent to an address different than the address for tax-related information.

NOTE: You are responsible for forwarding any UI document that is sent to an incorrect mailing address.

## Employer Approval

**Employer Signature:** You **must** sign this form, provide your title, and date the form in order to make this a valid document.

**Power of Attorney Representative Signature:** A representative of the entity or the individual who you want to accept as the power of attorney **must** sign this form, provide his or her title, and date the form in order to make this a valid document.

NOTE: A signature is required only of the entity or individual you want to accept as the power of attorney. You do not need a signature from the entity or individual whose power of attorney is being discontinued.