

## POWER OF ATTORNEY

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

### Part 1 B Employer Information.

Employer Name	DBA	Account Number (Required)	
Street Address	City	State	Zip Code

### Part 2 Purpose of Application.

<input type="checkbox"/> Acceptance of Power of Attorney.	Effective Date _____.		
<input type="checkbox"/> Discontinuation of Power of Attorney.	Effective Date _____.		
<input type="checkbox"/> For above account number only.	<input type="checkbox"/> For all distribution points of this account number.		
<input type="checkbox"/> For specified distribution points for this account number. (Please attach a list for the requested changes.)			
Name of Employer's Agent			
Street Address	City	State	Zip Code

### Part 3 Mailing Address Information.

**3a. Mailing Address for Tax Information.** All unemployment insurance tax forms, including but not limited to the following items, will be mailed to the following address: UITR-1, Unemployment Insurance Tax Report; UITR-1a, Unemployment Insurance Report of Worker Wages; UITR-7, Employer Rate Notice; UITR-2, Employer Tax Statement; and UITD-1, Notice of Delinquent Tax Reports.

Street Address			
City	State	Zip Code	Telephone (     )

**3b. Mailing Address for Benefits Information. (Complete only if different than 3a.)** All unemployment insurance benefits forms, including but not limited to the following items, will be mailed to the following address: UIB-290, Request for Separation Information; F-290, Notice of Wages Reported/Potential Charges; and UIB-6, Notice of Decision.

Street Address			
City	State	Zip Code	Telephone(     )

### Part 4 B Employer Approval.

Employer's Signature (Required)	Title	Date
Power of Attorney Representative	Title	Date

### Part 5 B Division Use Only

Power of Attorney Approved by the UI Tax Branch.                      Date \_\_\_\_\_                      Initials \_\_\_\_\_

# INSTRUCTIONS FOR COMPLETING THE POWER OF ATTORNEY

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## Part 1 C Employer Information.

**Employer Name:** This is the entity name or business name.

**DBA:** This is the doing-business-as name or trade name.

**Account Number:** This is the Colorado unemployment insurance (UI) tax account number.

**Street Address, City, State, and Zip Code:** This is the business's location address.

## Part 2 C Purpose of Application.

**Acceptance of Power of Attorney:** If this box is checked, the effective date must be provided. Part 3 and Part 4 must be completed.

**Discontinuation of Power of Attorney:** If this box is checked, the effective date must be provided. Part 3 must be completed to provide the UI Tax Branch the new mailing address.

**For Above Account Number Only:** This box is checked if only the employer account listed in Part 1 is affected.

**For All Distribution Points of This Account Number:** This box is checked if all the distribution-point accounts for the employer account listed in Part 1 are affected.

**For Specific Distribution Points for this Account Number:** This box is checked if only specific distribution-point accounts for the employer account listed in Part 1 are affected. A list of these specific accounts must be attached.

**Name of Employer's Agent:** This is the name of the business representing the employer. An individual's name should not appear unless that is the business name.

**Street Address, City, State, and Zip Code:** This is the mailing address of the employer representative.

## Part 3 C Mailing Address Information.

### 3a. Mailing Address for Tax Information.

**Street Address, City, State, Zip Code, and Telephone:** This information must be completed so that the UI Tax Branch is informed as to who will be responsible for accounting and claim documents.

NOTE: Any UI Tax documents that are not used at this address must be forwarded to the appropriate individual.

### 3b. Mailing Address for Benefits Information.

**Street Address, City, State, Zip Code, and Telephone:** This information must be completed only if UI benefit information is to be mailed to an address different from the address provided in 3a.

NOTE: Any UI benefit documents that are not used at this address must be forwarded to the appropriate individual.

## Part 4 C Employer Approval.

The employer and the employer's representative must sign this form, provide their title, and date the form in order to make this a valid document.