



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF EMPLOYMENT SECURITY

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.			
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			