

**Pennsylvania Unemployment Compensation
POWER OF ATTORNEY**

Know all men by these present, that I, _____,
(EMPLOYER'S NAME)

Account No. □ □ - □ □ □ □ □ □ - □, FEIN □ □ - □ □ □ □ □ □ □ □,

a _____, having my principal office at _____
(TYPE OF ENTITY)

(EMPLOYER'S BUSINESS ADDRESS, CITY, STATE AND ZIP CODE)

(EMPLOYER'S MAILING ADDRESS, IF DIFFERENT THAN ABOVE)

do hereby make, constitute and appoint _____,
(ATTORNEY-IN-FACT NAME)

(ATTORNEY-IN-FACT MAILING ADDRESS, CITY, STATE AND ZIP CODE)

my true and lawful attorney-in-fact with full power and authority to represent me before, and act on my behalf with, the —

1. Office of Unemployment Compensation Tax Services, in any matter(s) relating to my liability for unemployment compensation contributions.

A. Also, I authorize the Office of Unemployment Compensation Tax Services to change my mailing address in its records to the address of said attorney-in-fact. (This will result in mailings of quarterly UC tax returns, tax rate notices, and miscellaneous tax notices, including deficiency notices, to be sent to the attorney-in-fact.)

2. Bureau of Unemployment Compensation Benefits and Allowances, in any matter(s) relating to unemployment compensation benefit payments.

A. Also, I authorize the Bureau of Unemployment Compensation Benefits and Allowances to change my mailing address in its records to the address of said attorney-in-fact for:

- (1) monthly notices of compensation charged
- (2) notices of financial determination and associated relief from charge notices

I hereby ratify and confirm all that said attorney-in-fact, or its agents, employees or substitutes shall or may do or cause to be done by virtue of the power herein conferred until written notice of revocation hereof is received by the Department of Labor and Industry.

I hereby revoke all prior, inconsistent powers of attorney.

In delegating authority to said attorney-in-fact, for the purposes specified above, it is expressly understood that the attorney-in-fact and I are equally responsible and each shall incur liability for the penalties provided for false and/or fraudulent statements or omissions, whether written or oral.

Dated at _____ this _____ day of _____ 20 _____.

By: _____ By: _____
(SIGNATURE-AUTHORIZED REPRESENTATIVE OF THE EMPLOYER) (SIGNATURE-AUTHORIZED REPRESENTATIVE OF THE ATTORNEY-IN-FACT)

Title: _____ Title: _____

Acknowledged before me this _____ day of _____ 20 _____

(Seal) _____

See reverse for instructions and information on completion of this form.

This Power of Attorney form, when properly executed, will permit the attorney-in-fact to represent the employer before the Office of Unemployment Compensation Tax Service (UCTS) or the Bureau of Unemployment Compensation Benefits and Allowances (BUCBA) in matters relative to unemployment compensation contributions liability or benefit payments under the Pennsylvania Unemployment Compensation Law.

INSTRUCTIONS

Employer's Name - Indicate the employer business name as it appears on the 'Employer's Report for Unemployment Compensation', Forms UC-2/2B,2A, or on the 'Pennsylvania Enterprise Registration Form', Form PA-100.

Account Number - Indicate the employer's Pennsylvania Unemployment Compensation Number that was assigned. This account number will be reflected on the 'Employer's Report for Unemployment Compensation', Forms UC-2/2B,2A, or on the 'Contribution Rate Notice', Form UC-657. The account number will be one or two digits followed by a dash followed by up to five digits followed by a single digit, i.e., 23-12345-1. If an account number has not been assigned, leave the area blank.

FEIN (Federal Employer Identification Number) - Indicate the employer's FEIN that was assigned. The FEIN will be two digits followed by a dash followed by seven digits, i.e., 23-0000000. If an FEIN has not been assigned, leave the area blank.

Type of Entity - Identify the employer's business ownership - Corporation, Partnership, Sole Proprietorship, Non Profit, Political Subdivision, etc.

Employer's Address - Insert the mailing address, city, state and zip code for the employer's principal place of business or office.

Attorney-in-Fact Name - Insert the name of the attorney-in-fact.

Attorney-in-Fact Address - Insert the mailing address, city, state and zip code for the attorney-in-fact.

Insert a check mark in the appropriate box(es) - A check mark in:

Box 1 - will permit the attorney-in-fact to **represent the employer, relative to unemployment compensation contribution matters, before UCTS.**

Box 1A - will result in **changing the employer's mailing address in UCTS's records to the mailing address of the attorney-in-fact.** This mailing address is used in the mailing of the 'Employer's Report for Unemployment Compensation' (Quarterly Tax Reports), Forms UC-2/2B,2A, 'Contribution Rate Notice', Form UC-657, billing notices, correspondence and various employer mailings.

Box 2 - will permit the attorney-in-fact to **represent the employer, relative to unemployment compensation benefit payment matters, before BUCBA.**

Box 2A(1) - will result in **changing the employer's mailing address to the mailing address of the attorney-in-fact** for 'Monthly Notice of Compensation Charged', Form UC-640, or 'Monthly Notice of Compensation Charged (Reimbursable Employer's)', Form UC-150.

Box 2A(2) - will result in **changing the employer's mailing address to the mailing address of the attorney-in-fact** for 'Notice of Financial Determination', Form UC-44FR, and 'Decision on Request for Relief From Charges', Form UC-560.

Signature Requirements - This Power of Attorney must be dated, signed by an authorized representative of the employer, and notarized. If the employer is a corporation, it must be signed by the president or vice-president and secretary or assistant secretary or treasurer or assistant treasurer. If the employer is a partnership, this Power of Attorney must be signed by a general partner authorized to bind the partnership. If the employer is a sole proprietorship, this Power of Attorney must be signed by the proprietor.

Mailing - The completed Power of Attorney form should be mailed to:

Office of Unemployment Compensation Tax Service
Attn: Employer Coding Unit, Tax Accounting Division
Room 908, Labor and Industry Building
Harrisburg, PA 17121

Acknowledgement - UCTS will acknowledge any Power of Attorney that relates to liability for unemployment compensation contributions (Boxes 1 or 2). UCTS will forward any Power of Attorney that relates to unemployment compensation benefit payments (Boxes 3, 4 or 5) to BUCBA for acknowledgement.

Questions relative to the processing of Power of Attorney on unemployment compensation **contribution matters** should be directed to UCTS at (717) 772-5324.

Questions relative to the processing of Power of Attorney on unemployment compensation **benefit payment matters** should be directed to BUCBA at (717) 787-5058.

Auxiliary aids and services are available upon request to individuals with disabilities.
Equal Opportunity Employer/Program