

Vermont Department of Employment & Training

Limited Power of Attorney & Tax Information Authorization (Business, Estate or Trust)

Table with 4 rows: VT Unemployment Account Number, Federal Identification Number, Client Number, and an empty row.

Taxpayer's Legal Business Name: _____

Trade Name(s): _____

_____ is hereby appointed as its agent to perform the following acts on its behalf: (Check all that apply)

- Receive, prepare and file new and amended Vermont Employer's Quarterly Wage & Contribution Report forms
Obtain from and provide to this agency information regarding its returns filed for periods on or after the date below.
Discuss matters as they pertain to the rate assignments and experience rating.
Process all necessary forms/inquiries as they pertain to claims potentially filed against its rating/account.
(If this box is NOT selected, please specify the client address where benefit claim related information should be mailed)

Address in Fact: (C-101 Forms, Rate Notices, Statements) _____

Client Address: Benefit Claim Related Information Only _____

This Limited Power of Attorney form is effective from the period beginning _____ and will remain in effect until this Department is otherwise notified. (Quarter/Year)

It applies only to the items which have been selected above as they pertain to the Unemployment Insurance Tax and/or Benefit related matters for the client.

This Limited Power of Attorney revokes all prior Powers of Attorney on file with the Department of Employment & Training.

Person Completing and Signing Power of Attorney _____

Date _____

Signature _____

Title of Person Signing Power of Attorney _____

AFFIRMATION OF WITNESS

I, _____ affirm that _____ appeared to be of sound mind and free from duress at the time this Limited Power of Attorney was signed, and that (s)he affirmed that (s)he was aware of the nature of this document and signed it freely and voluntarily.

Signature of Witness (Cannot be same as Notary) _____

Date _____

FOR USE BY NOTARY

STATE OF _____ COUNTY OF _____, SS.

At _____ on the _____ day of _____ personally appeared _____ who acknowledged this Instrument and signed by him/her to be the free act and deed, and the free act and deed of _____ before me,

Signature of Notary Public _____

My Commission expires: _____

(Please complete REVERSE side of form)

ATTESTATION OF AGENT

I, _____ do hereby attest that I accept appointment as agent for
_____ (hereafter "principal"), and:

that I understand my duties under this Limited Power of Attorney and under the law;

that I understand that I have a duty to act for the principal as to the specified transactions and types of transactions if expressly required to do so in this Limited Power of Attorney;

that I hereby specifically acknowledge and accept such duties to act in signing this Limited Power of Attorney;

in the case of such a duty to act, my agreement to act on or behalf of the principal is enforceable against me regardless of whether there is any consideration to support a contractual obligation;

that I understand and acknowledge in signing this Limited Power of Attorney, that if I have been selected as agent with the expectation that I have special skills or expertise I will use those skills on behalf of the principal.

Signature of Agent

Date Signed