

Power of Attorney or Authorized Representative may also be assigned on-line at www.mylowaUI.org.
This form is not necessary if you have submitted this authorization on-line.

1. Business granting Power of Attorney or Authorized Representative

Legal Business Name: _____ UI Account #: _____
 DBA: _____ FEIN: _____
 Owner/Officer Name: _____ SSN: _____
(Sole Proprietor, Partner, Owner, Officer, etc) (First, MI, Last)
 Business Address: _____
 City: _____ State/Province: _____ Zip+4/Postal Code: _____
 Phone: _____ Ext: _____

2. I am granting Power of Attorney or Authorized Representative

Effective Date (MM/DD/YYYY): _____ End Date (MM/DD/YYYY): _____

3. Agent or Authorized Representative Information

Firm or Legal Business Name: _____ FEIN: _____
 Address: _____ Agent ID: R _____
 City: _____ State/Province: _____ Zip+4/Postal Code: _____
 Phone: _____ Ext: _____

3a. List authorized individual's name for Firm or Legal Business listed above

- I assign rights to all individuals in the employ of and represent the Firm or Legal Business listed above
Or
 I assign rights to the specific individual(s) listed below:

Individual's Name: _____ Individual's Name: _____

- Check this box if you are attaching a list of additional individuals upon which you are assigning rights.

5. Assign agent roles -- See page 2 of instructions for description of roles

As the true and lawful agent, with limited power and authority to represent the said employer before IWD in the matters selected below:

mylowaUI.org Roles: (This applies to all reporting units)

(Please check all boxes that apply)

- | | |
|--|---|
| <input type="checkbox"/> All Roles | <input type="checkbox"/> View Payments |
| <input type="checkbox"/> System Administrator | <input type="checkbox"/> View Wage Detail |
| <input type="checkbox"/> Maintain Account | <input type="checkbox"/> View Correspondence |
| <input type="checkbox"/> Manage Payments | <input type="checkbox"/> View Transaction History |
| <input type="checkbox"/> Submit/Change Wage Detail | <input type="checkbox"/> View Benefit/Claim Information |

Authorized Roles

Check appropriate box below for communication purposes (if applicable)

- All Unemployment Insurance matters
 Only Claims/Benefits related matters
 Only Tax related matters

****This form must be signed and dated to be valid****

- This request supersedes all other Power of Attorney or Authorized Representative declarations on file.**

Print and sign completed form

Employer Authorized Signature _____ Date _____

Printed Name _____ Title _____ Phone _____ Ext _____

Return signed form to: Email Completed Form: iwduitax@iwd.iowa.gov
 Mail Completed Form: Iowa Workforce Development
 Unemployment Insurance Tax Bureau
 1000 E Grand Ave
 Des Moines Iowa 50319-0209

Power of Attorney 68-0092 (04-2018)

Phone: (888) 848-7442 | Email: iwduitax@iwd.iowa.gov
www.iowaworkforcedevelopment.gov

Instructions

(Declaration of Power of Attorney or Authorized Representative)

Power of Attorney or Authorized Representation may be assigned on-line at: www.myIowaUI.org

Iowa Workforce Development (IWD) will only discuss confidential Unemployment Insurance (UI) information with authorized parties. An employer must have a signed Declaration of Power of Attorney or Authorized Representative (herein after called Declaration) on file with IWD.

Purpose of Declaration

A Declaration is a legal document authorizing someone else to act on an employer's behalf.

Who Can Be Declared a Power of Attorney or Authorized Representative?

- Attorney or Law Firm
 - Accountant or Accounting Firm
 - Tax preparer or Tax Firm
- or
- Any individual acting on behalf of an employer

Privileges of Both Power of Attorney and Authorized Representative

Both are allowed to perform one or more of the following on behalf of any employer:

- Sign and file reports for UI matters
- Make deposits and payments for UI
- Receive UI information, notices and other communication regarding authorization granted
- Access electronic records specific to the employer
- Represent the employer in any formal or informal meeting, hearing, decision or appeal, final or otherwise

Additional Privileges for Power of Attorney Only

The Authorized Representative **cannot** be granted the following privileges:

- Enter into any compromise with IWD
- Execute any release from liability required by IWD as a prerequisite to divulge otherwise confidential information concerning the employer
- Other acts as expressly stipulated in writing by the employer

Assign Agent Roles

As the true and lawful agent, you are able to represent the employer in all roles or only the specific roles selected in this section. See page 2 for description of roles.

Who Must Sign the Declaration?

1. **Sole Proprietor** - Must be signed by individual owner
2. **Corporation or Association** - Must be signed by an officer of the corporation or association having authority to legally bind the corporation or association. The corporation or association must certify that the officer has such authority.
3. **Trust or Conservator** - Must be signed by fiduciary authority
4. **Partnership** - Must be signed by all partners, or if executed in the name of the partnership, by the partner or partners duly authorized to act for the partnership, who must certify that the partner(s) has such authority.
5. **Limited Liability Corporation** - Must be signed by a member of the LLC

Duration of Authority, Canceling or Withdrawing a Declaration

The Declaration will remain in effect until revoked. The employer can do this by logging into their account on www.myIowaUI.org, select assign agent option, select the agent you want to revoke and enter an end date. The employer, Power of Attorney, or Authorized Representative can also revoke the Declaration by notifying IWD in writing.

Submitting a New Declaration

A new Declaration revokes a prior Declaration for the specified transactions. The Declaration becomes effective the date it is received by IWD.

Submission Options:

On-line Submission: www.myIowaUI.org - Log into your account, select assign agent option, enter agent R number, assign roles

Email completed form: iwduiatax@iwd.iowa.gov

Mail Completed Form: Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines, Iowa 50319-0209

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Agent Roles

MyIowaUI Website Roles	Description
All Roles	All functions
System Administrator	Assign Agent Update Users
Maintain Account	Update Name Update Address Update Officer/Member/Partner Update Reporting Units Update Banking Information Update Accountant Cancel an Election of Coverage Elect Coverage for Non-Covered Employees Request Contributory/Reimbursable Change Report Bankruptcy Information Inactivate Account/Reactivate Account Change Owner
Manage Payment	Make Payment Request a Payment Plan Request Waiver of Penalty, Interest & Fees Credit and Debit View Payment History Request Refund
Payment View Only	View Payment History - Cannot make changes
Submit / Change Wage Detail	Submit Wage Report Submit Wage Adjustment View Submission Summary View Wage Detail Labor Market Information Request IRS Certification
Wage Detail View Only	View Quarterly Report Summary - Cannot make changes View Wage Detail - Cannot make changes
View Correspondence	View Only - Cannot make changes
View Transaction History	View Only - Cannot make changes
Benefit/Claim Information	View Benefit / Claim Information for Reporting Unit

Authorized Communication Roles	Description
All Unemployment Insurance Matters	Communicate with unemployment insurance staff regarding benefit / claim and tax related matters
Only Benefit / Claim Related Matters	Communicate with unemployment insurance staff regarding benefit / claim matters only
Only Tax Related Matters	Communicate with unemployment insurance staff regarding tax related matters only