



POA #: _____
Initials: _____

Power of Attorney

Read the *Instructions for Filing a Power of Attorney, (IA 900.1)*, before you complete this form. They:

- Explain how to complete this form and
- Define the extent of the powers being granted

1. Employer information

UI Employer Registration Number: _____ - _____

Federal Identification Number: _____ - _____

Employer Legal Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

2. Power of Attorney (POA) information (List only one POA per form)

Firm Name: _____

Contact Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) _____ - _____ Fax: (____) _____ - _____

I appoint the above named to represent me for the following designated purposes:

a) All UI matters

Check this box if you checked box a) above and want your mail sent to the POA address listed above

b) UI matters limited to contribution rates, elements used to calculate UI rates and under/overpayment information

c) Filing agent matters limited to contribution rates and account under/over payment information

d) UI benefit claim matters limited to information specific to a claim for UI benefits filed against my UI employer account

e) UI matters limited to acting on my behalf with respect to audits, investigations, and/or enforcement actions

f) UI matters limited to acting on my behalf for UI Administrative Proceedings and Court Appeals

My representative is also authorized to receive disclosures of, and review and inspect confidential Federal tax information and to perform any and all acts that I (we) can perform with respect to those tax matters as they bear on unemployment insurance matters.

Note: Confidential Federal tax information shall include any and all information provided to the Department by the Internal Revenue Service.

3. Retention/Revocation of prior power(s) of attorney

Filing this power of attorney automatically revokes all existing power(s) of attorney with any representatives authorized for the same designated purposes with the UI Division. Previously filed power(s) of attorney for **other** designated UI purposes remain in effect with this Division unless you revoke them in writing.

4. Employer's signature

If the employer, named on page 1, is other than an individual: I certify that I am acting in the capacity of a corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the employer. I have the authority to execute this power of attorney on behalf of the employer. If the matter concerns an individual proprietorship the owner must sign. If the matter concerns a partnership, LLP, LLC, corporation or other entity the individual signing the consent must have the authority to bind the entity. If signed by a corporate officer, partner, member, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the employer, I certify that I have the authority to execute this form on behalf of the employer.

Signature: _____ Date: ___ / ___ / ___

Print the name of the person signing this form if not the employer(s) named on page 1:

Title, if applicable: _____

Employer's Phone: (____) ____ - _____ Employers Fax: (____) ____ - _____

Affix corporate seal if applicable

5. Declaration of representative (to be completed by representative)

I agree to represent the above-named employer in accordance with this power of attorney. I affirm that my representation will not violate the provisions of the Ethics in Government Act or Section 2604(d) of the New York City Charter. These provisions restrict appearances by former government employees before his or her former agency. I have read a summary of these restrictions in the instructions to this form.

I am (check all that apply and sign):

- 1. an attorney-at-law licensed to practice in New York State
- 2. a certified public accountant duly qualified to practice in New York State PTIN #: _____
- 3. a public accountant enrolled with the New York State Education Department PTIN #: _____
- 4. an agent enrolled to practice before the Internal Revenue Service PTIN #: _____
- 5. an employee not a corporate officer (if the employer is a corporation)
- 6. other: _____

Designation (use number(s) from above list): _____

Representative's Federal Identification Number (FEIN): ___ - ___ - ___ - ___ - ___ or

UI Employer Registration Number: ___ - ___ - ___ - ___ - ___

Signature: _____ Date: ___ / ___ / ___