



POWER OF ATTORNEY

I. Business/Taxpayer			
Name			
Address	City	State	ZIP Code
Phone Number	FEIN	UI 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"/> UI Tax and Claim Matters <input type="checkbox"/> UI Tax Only <input type="checkbox"/> UI Claim Only			
Change employer's official mailing address to that of appointed representative for (check all that apply):			
<input type="checkbox"/> UI Tax Matters <input type="checkbox"/> UI Claim Matters			
<p>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. The authorization does not apply to the Division of Employment Security appeals process.</p>			
III. Signature of Business Representative/Taxpayer			
Name (printed)		Title	
Signature			Date
IV. Signature of Appointed Representative			
Name (<i>printed</i>)		Title	
Signature			Date
V. Mail or fax completed form to: Missouri Division of Employment Security Attn: Liability Unit P.O. Box 59 Jefferson City, MO 65104-0059 Fax Number: 573-751-7483			

IMPORTANT: If needed, call 573-751-3340 for assistance in the translation and understanding of the information in this document.

¡IMPORTANTE! Si es necesario, llame al 573-751-3340 para asistencia en la traducción y entendimiento de la información en este documento.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711

MODES-4444 (05-16) AI
Cont.