Declaration of Power of Attorney or Authorized Representative

68-0092 (04-15)

Power of Attorney or Authorized Representative may be assigned online @ www.myiowaui.org

1. Business granting Power of Attorney or Authorized Representative

Legal Business Name: _____ UI Account #: _____

DBA: _____ FEIN: _____

Sole Proprietor Name (First, MI, Last): _____ SSN: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip+4/Postal Code: _____

Phone: _____ Ext: _____

2. Power of Attorney ☐ or Authorized Representative ☐

Effective Date: _____ End Date: _____

3. Power of Attorney or Authorized Representative Information

Firm or Legal Business Name: _____ FEIN: _____

Address: _____ Agent ID: R _____

City: _____ State/Province: _____ Zip+4/Postal Code: _____

Phone: _____ Ext: _____

Note: Each Power of Attorney or Authorized Representative needs to complete a separate form 68-0092

4. 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 only the matters selected below: Please check all boxes that apply.

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

- ☐ All Roles
- ☐ System Administrator
- ☐ Maintain Account
- ☐ Manage Payments
- ☐ Payment View Only
- ☐ Submit/Change Wage Detail
- ☐ Wage Detail View Only
- ☐ View Correspondence
- ☐ View Transaction History
- ☐ Benefit/Claim Information

Authorized Roles

Check appropriate box below for communication purposes (if applicable)

- ☐ All Unemployment Insurance Matters
- ☐ Only Benefit/Claim Related Matters
- ☐ Only Tax Related Matters

_____ _____

Employer Authorized Signature Date

_____ _____ _____

Printed Name Title Phone

Complete and sign this form to be valid.

Online Submission: www.myiowaui.org
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
Questions: 888-848-7442 select option 3, then option 7

Equal Opportunity Employer/Program
Auxiliary aids & services are available upon request to individuals with disabilities.
For deaf and hard of hearing, use Relay 711.

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Instructions

Power of Attorney or Authorized Representation may be assigned online 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
- Accountant, Firm
- Tax preparer or
- Any individual acting on behalf of an employer.

Privileges of Both Power of Attorney and Authorized Rep
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:

- **Online: www.myiowaui.org** – Log into account, select assign agent option, enter agent R number, assign roles
- **Email completed form:** **IWDUITAX@IWD.IOWA.GOV**
- Mail completed form: Iowa Workforce Development
  UI Tax Bureau
  1000 E Grand Ave
  Des Moines IA 50319-0209

Note: Address change requests must be received in writing by IWD if form 68-0092 is submitted by email or mail.

Instructions

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