

## New York State Department of Labor Unemployment Insurance (UI) Division

For office use only						
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

Empl	oyer legal name			UI Emp	oloyer Registration Number				
Mailing address				Federal Identification Number					
City, village, town or post office			State Zip code		code				
2. Pc	ower of Attorney (POA)	information (List only one POA	per form)						
	Firm name	Contact name	Mailing address		Telephone and fax numbers				
anno	int the above named to ren	resent me for the following designate	d nurnoses:						
٠.	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								
a									
h.									
	<ul> <li>b) UI matters limited to contribution rates, elements used to calculate UI rates and under/overpayment information</li> <li>c) Filing agent matters limited to contribution rates and account under/over payment information</li> </ul>								
C)			• •		III I				
ď		ers limited to information specific to a		_					
e	e) UI matters limited to acting on my behalf with a UI Employer Services Representative regarding audits, investigations and enforcement actions								
f)	☐ UI matters limited to	acting on my behalf for UI Administra	tive Proceedings and Cou	urt Appeals					
. Re	etention/Revocation of	prior power(s) of attorney							
Fili	ing this power of attorney a	utomatically revokes all existing power	er(s) of attorney with any	representa	atives authorized for the same				
de		e UI Division. Previously filed power(s							
. Er	nployer's signature								
If the employer named above is other than an individual: I certify that I am acting in the capacity of a corporate officer, partner (except									
lim	nited partner), member or m wer of attorney on behalf o	nanager of a limited liability company,	or fiduciary on behalf of t	he employe	er. I have the authority to execute				
Signa	ature	Emp	loyer's telephone and fax nu	mbers	Date				
Туре	or print the name of the person	n signing this form if not the employer(s) n	amed above	Title, if a	applicable				

Affix corporate seal if applicable

## 5. Acknowledgment of the power of attorney

You must have this Power of Attorney witnessed before a notary public unless the appointed representative is licensed to practice in New York State as an attorney-at-law, certified public accountant, or public accountant, or is a New York State resident enrolled as an agent to practice before the Internal Revenue Service.

The person(s) signing as the above employer appeared before me and executed this power of attorney.

Ackno	wledgment — individual		Acknowledgment — corporate State SS:										
State of	SS:												
County of day of before me personally came,			County of day of before me personally came,										
								to me known to be the person(s) described in			to me known, who, being by me duly sworn,		
								the foregoing Power o Attorney; and he/she/they acknowledged that he/she/they executed	Notary Signature Dat	е	did say that he/she resides at (insert address)	Notary Signature	Date
the same.			that he/she is the										
	Notary Stamp		of the corporation described	Notary	Stamp								
			in the foregoing Power of Attorney; and that he/she/they signed his/her/their name(s) thereto by authority of the board of directors of said corporation.										
Acknowledg	ment — limited liability company		Acknow	ledgment — partn	erships/LLP								
State of	SS:		State of	SS:									
County of			County of										
On this	day of		On this day										
	ame,		before me personally came,										
o me known, who,		$\exists$	to me known, who,										
peing by me duly			being by me duly sworn,										
sworn, did say that ne/she/they/it reside(sat (insert address)	Notary Signature Dat	е	did say that he/she/they/it reside(s) at (insert address)	Notary Signature	Date								
(are) a member(s) or manager(s) of the	Notary Stamp	$\dashv$	that he/she/they/it is (are) a partner(s) of	Notary	/ Stamp								
limited liability compan	y described in the foregoing Power of he they is (are) empowered to and dic	the partnership described in the foregoing Power of Attorney; and that he/she/they/it is (are) empowered to and did execute the same.											
agree to represent the affirm that my represe		ce with	n this power of attorney. Ethics in Government Act or S	Section 2604(d) of ter agency. I have re	he New York City Chaead a summary of the								
	w licensed to practice in New York Sta	4. ☐ an agent enrolled to practice before the Internal Revenue Service PTIN#:											
2. a certified public New York PTIN	accountant duly qualified to practice in	1	5. an employee not a corporate officer (if the employer is a corporation)										
	ant enrolled with the New York State		6. Other										
Designation (use number(s) from above list)	Representative's Federal Identification Number (FEIN) or UI Employer Registration Number		Signature		Date								