

## POWER OF ATTORNEY

Please print the information below. Instructions for completing this form are provided on the reverse.

### Employer Information

Employer Name	Trade Name	Employer Account Number (Required)	
Business Location Address Only (No P.O. Box Number)	City	State	ZIP Code

### Acceptance of New Power of Attorney

Effective Date of Acceptance _____	
Your acceptance of a new power of attorney supersedes any existing power of attorney previously approved by the Unemployment Insurance (UI) Division.	
Power of Attorney Complete Name and Address (No Abbreviations)	Telephone Number
ADP, LLC (Tax Filing) 400 West Covina Boulevard San Dimas, CA 91773	Email Address

Complete Mailing Address For UI Premium Information and/or forms such as: Wages Paid and Premiums Owed, Billing Statements, and UI Rate Notice.	Telephone Number
	Email Address

### Complete only if the benefits mailing address is different from the premiums mailing address you provided above.

Complete Mailing Address For UI Benefits Information and/or forms such as: Requests for Job-Separation Information and Wages Reported and Possible Charges.	Telephone Number
	Email Address

### Power-of-Attorney Signature

Print Name of the Power of Attorney Representative (Required)	Title
Lori Schreiber	DVP Tax & Compliance Services
Power of Attorney Representative Signature (Required)	Date
<i>L. Schreiber</i>	

### Employer Approval

I hereby grant permission to the above-named entity or individual to act on my behalf for the purpose stated on this document.	
Print Name of the Employer Official (Required)	Title
Signature of Employer Official (Required)	*Date
<input type="checkbox"/> SIDES (To add employer account information to SIDES), or go to: <a href="http://info.uisides.org">http://info.uisides.org</a>	

\* Additional input must be received within 6-months from the date in the Employer Approval section.

Office Use Only	Date	Q-Identification Number
Power of attorney is approved and input into the UI system.		

# Colorado Department of Labor & Employment

## Form UITL-18 Power of Attorney

### Completion Guidelines

The Colorado Department of Labor and Employment requires a signed and dated POA form. It is necessary to obtain a Colorado Department of Labor and Employment Power of Attorney From UITL-18 when there are employees in the state. Employer must use the latest version of the POA. Older versions are not acceptable.

- Mail the completed POA form to your ADP representative
- ADP will forward the POA to the agency  
Colorado Department of Labor and Employment  
Unemployment Insurance Operations  
251 E. 12th Avenue  
Denver, CO 80203

POAs will be rejected by the agency for the following reasons:

- Outdated form used. Must use most recent version of the UITL-18 for tax purposes.
- Information missing or incorrect in each line.
- Employer signature is invalid (must be an employer official to sign). Owner, Officer, or Granted Official.

Colorado Department of Labor and Employment, Division of Unemployment Insurance, P.O. Box 6789, Denver, CO 80206-8789  
303-318-9100 (Denver metro area) or 1-800-480-4259 (outside Denver metro area)  
[www.colorado.gov/eldem](http://www.colorado.gov/eldem)

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Business Location Address Only (No P.O. Box Number)	City	State ZIP Code

**Acceptance of New Power of Attorney**

Effective Date of Acceptance \_\_\_\_\_

Your acceptance of a new power of attorney supersedes any existing power of attorney previously approved by the Unemployment Insurance (UI) Division.

**Power of Attorney Complete Name and Address (No Abbreviations)**

ADP, LLC (Tax Filing) 400 West Corona Boulevard San Dimas, CA 91773	Telephone Number
Complete Mailing Address For UI Premium Information and/or forms such as: Wages Paid and Premiums Owed, Billing Statements, and UI Rate Notice.	Telephone Number
	Email Address

**Complete only if the benefits mailing address is different from the premium mailing address you provided above.**

Complete Mailing Address For UI Benefits Information and/or forms such as: Requests for Job-Separation Information and Wages Reported and Possible Changes.	Telephone Number
	Email Address

**Power of Attorney Signature**

Title (Name of the Power of Attorney Representative (Required))	Name	Title
	Matt Ek	DVP Tax & Compliance Services
Power of Attorney Representative Signature (Required)	Date	
	[Signature]	

**Employer Approval**

I hereby grant permission to the above-named entity or individual to act on my behalf for the purpose stated on this document.

Print Name of the Employer Official (Required)	Title
Signature of Employer Official (Required)	Date

SIDES (To add employer account information to SIDES, or go to: <http://info.sides.org>)

\*Additional input must be received within 6-months from the date in the Employer Approval section.

Office Use Only	Date	Q-Identification Number
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UITL-18 Revised (8/18/2014)

Revised 12/16/2014