

Declaration of Power of Attorney or Authorized Representative

68-0092 (03-12)



1. Business granting Power of Attorney or Authorized Representative

Legal Business Name: COMPANY LEGAL NAME UI Account #: 00999999
DBA: _____ FEIN: 99-9999999
Sole Proprietor Name (First, MI, Last): _____ SSN: _____
Mailing Address 1: Company Legal Address
Mailing Address 2: _____
City: CITY State/Province: STATE Zip+4/Postal Code: ZIP CODE + 4
Phone: (999) 999-9999 Ext: _____

2. Effective dates for Power of Attorney or Authorized Representative

Effective Date: MM/DD/YYYY Through (and including) the Termination Date of: Until Revoked

3. Provide the information of who is receiving Power of Attorney or Authorized Representative

Name of Firm or Legal Business Name: PAYCYCLE INC. FEIN: 94-3345425
Name of Individual: _____ Agent ID: R 2404337
Address 1: 2632 MARINE WAY
Address 2: _____
City: MOUNTAIN VIEW State/Province: CA Zip+4/Postal Code: 94043
Phone: 888-927-7478 Ext: _____

Note: If you include more than one party, contact IWD at (888) 848-7442 option #3 then option #7.

4. Indicate which roles will be granted

Will you be granting Power of Attorney or Authorized Representative

As the true and lawful agent, with limited power and authority to represent the said employer before Iowa Workforce Development in only the matters selected below: (Please check all pertinent boxes)

General Roles:

- All Unemployment Insurance matters
- Only Claims/Benefits related matters
- Only Tax related matters

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

Note: If you want to grant privileges based on reporting units, contact IWD at (888) 848-7442.

PRIMARY PRINCIPAL SIGNATURE

Authorized Signature _____

MM/DD/YYYY

Date _____

Primary Principal Name

Print Name Here _____

TITLE

Title _____

(999) 999-9999

Phone _____

If this form is not signed and dated, this declaration of Power of Attorney or Authorized Representative will not be valid.

Return the signed form to: Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines Iowa 50319-0209



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



Iowa Unemployment Insurance Tax Declaration of Power of Attorney or Authorized Representative Instructions

Employer information is confidential. 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?

The Declaration can grant the Power of Attorney or Authorized Representative to any of the following:

- Attorney
- Accountant, Firm
- Tax preparer or
- Any individual acting on behalf of an employer.

Privileges of Both Power of Attorney and Authorized Representative

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.

Identifying Specific Roles

The employer must identify authority for specific roles.

These include:

- All Unemployment Insurance matters.
- All Tax related matters.
- All Claims/Benefit related matters.
- Filing Unemployment Insurance reports and payments.
- Roles associated with My Iowa UI online tax system.

Specific Unemployment Insurance Role Must be Identified

Each Power of Attorney or Authorized Representative must be identified for a particular role, unless the employer identifies All Unemployment Insurance matters.

Who Must Sign the Declaration?

1. **Sole Proprietor**
Must be signed by the 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.

Duration of Authority

The Declaration will remain in effect until revoked by the employer, Power of Attorney, or Authorized Representative.

Canceling or Withdrawing a Declaration

A Power of Attorney or Authorized Representative may cancel or withdraw a Declaration by sending a request to IWD. The request must be signed, dated and identify the name and address of the employer and the privileges they want canceled or withdrawn.

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.

Sending the Declaration

The form must be completed, signed, and received by IWD before Power of Attorney or Authorized Representative status is granted.

Mail the Declaration to:

**Iowa Workforce Development
Unemployment Insurance Tax Bureau
1000 E Grand Ave
Des Moines IA 50319-0209**