



## Power of Attorney (POA)

### Minnesota Department of Employment & Economic Development

390 Robert St N Saint Paul, MN 55101-1812

Tel: (651) 296-6141 Fax: (651) 297-5283 TDD/TTY: (651) 634-5062

Web: [www.mnwfc.org/tax](http://www.mnwfc.org/tax)

E-mail: [mdes.tax@state.mn.us](mailto:mdes.tax@state.mn.us)

Write in Your Minnesota Unemployment  
Insurance Tax Account Number ®

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Business Name of Employer			<b>EMPLOYER</b>
Street Address			
City	State	Zip Code	Telephone

### The Employer hereby appoints as its attorney in fact:

Last Name, First Name, Middle Initial or Business Name of Agent			<b>AGENT</b>
Mailing Address			
City	State	Zip Code	
Name of Contact Person	Expertise/Title	Date	Telephone

### MAIL OR FAX DOCUMENT TO THE ADDRESS INDICATED AT THE TOP OF THIS FORM CHECK THE BOXES BELOW THAT APPLY TO THIS POA

- ☐ This Power of Attorney **replaces** and cancels all previous Power of Attorney assignments.
- ☐ This Power of Attorney is **a supplement** to a previous Power of Attorney assignment.

- (1) ☐ To represent it in all matters concerning the Unemployment Insurance provisions of the Minnesota Economic Security Law. **(All documents will be mailed to the employer's address.)**

The agent is authorized to receive mailings and act as the employer in all matters as authorized by the boxes checked below. **(The forms and notices will be mailed as indicated.)**

- (2) ☐ To receive **ALL** Unemployment Insurance **tax and benefit mailings. (All mailings sent to the agent.)**

® Please choose only ONE option (A, B or C) in Item 3, below –

- |  |    |   |
|--|----|---|
| (3) All Tax Forms mailed to Agent  | OR | Specific Tax Forms mailed to Agent  |
| (A) <input type="checkbox"/> To receive <b>All</b> mailed tax forms.<br><br><b>Note:</b> If (3A) is checked, "Specific Tax Forms" (3B and 3C) cannot be selected as mailing options. |    | (B) <input type="checkbox"/> To receive <b>only</b> quarterly tax reports.<br><b>(All other mailings are sent to the employer or other designated agent.)</b>       |
|  |    | (C) <input type="checkbox"/> To receive <b>only</b> benefits chargeable statements. <b>(All other mailings are sent to the employer or other designated agent.)</b> |

- (4) ☐ To receive **only** Unemployment Insurance claims statements. The claims statements will be sent to the agent. **(All other mailings are sent to the employer.)**

**This Power of Attorney shall remain in effect until written cancellation or modification is filed with the State of Minnesota Unemployment Insurance Tax Office.**

Signature of Employer (authorized officer, partner or owner)	Please print or type title and name of individual signing the POA.
Date	Telephone