

Date Stamp

STATE OF NEBRASKA  
DEPARTMENT OF LABOR  
UNEMPLOYMENT INSURANCE  
P O BOX 94600  
LINCOLN, NEBRASKA 68509-4600  
Phone: 402.471.9898  
Fax: 402.471.9994  
Website: dol.nebraska.gov/UIConnect

Employer Account Number	
Federal Identification Number	
Reviewed/Approved	DATE

**POWER OF ATTORNEY**

(NEB. REV. STAT. §48-607)

**Business Name and Address**

Business Name	Doing Business As (DBA)	Phone Number
Mailing Address	City	State
		Zip Code

**Representative Name and Address**

Representative Legal Name	Representative DBA Name
Representative Mailing Address	Phone Number
City	State
Zip Code	Representative E-mail Address*

The employer appoints the above entity for the purposes of representation for the following Unemployment Insurance matters as indicated below (check applicable boxes). If representative does not have prior authority, indicate correct address.

Department Functions Authorized with Power of Attorney	Representative Mailing Address (Address, City, State, Zip) and Email Address*
<input type="checkbox"/> Quarterly Tax Report Filings	
<input type="checkbox"/> Quarterly Tax Report Mailings	
<input type="checkbox"/> Combined Tax Rate Notices	
<input type="checkbox"/> Benefit Claims/ Benefit Charging Notices	
<input type="checkbox"/> Benefit Payment Control Audits	
<input type="checkbox"/> Appeal Documents	
<input type="checkbox"/> SIDES	Broker ID # _____
<input type="checkbox"/> Add <input type="checkbox"/> Remove	

**REVOCAION OF PRIOR POWERS OF ATTORNEY**

<input type="checkbox"/> I choose to revoke all prior powers of attorney on file with the Department with respect to the same Unemployment Insurance activities listed above, except the following: _____ effective _____
<input type="checkbox"/> I choose to revoke all powers of attorney on file with the Department effective _____.

If signed by an individual, corporate officer, partner, member, LLC manager, or fiduciary on behalf of the taxpayer/representative, I hereby certify that I approve this Power of Attorney, who is authorized to execute the Power of Attorney on behalf of the taxpayer.

**X**  
Signature of Business Owner \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Employer E-mail Address\* \_\_\_\_\_

**X**  
Signature of Power of Attorney \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ E-mail Address\* \_\_\_\_\_ Title \_\_\_\_\_

\* The email address provided may be used for future Department official business.