

EMPLOYER: You must complete this form if anyone other than yourself will be acting on your behalf.

State of Nevada
Department of Employment, Training & Rehabilitation
Employment Security Division, Contributions Section
500 East Third Street, Carson City, NV 89713-0030
Telephone (775) 684-6310
<https://uitax.nvdetr.org>

POWER OF ATTORNEY

Employer Account Number _____ Federal ID Number _____

Owner Name _____

Doing Business As _____

Address _____

Telephone Number (____) _____ Fax (____) _____

The following agent is authorized to provide and receive information and to perform any and all acts that I can perform as the employer/taxpayer with respect to any Nevada unemployment compensation matters. In order to access employer account information online, the FEIN of the authorized agent is required. **Begin Authority As Of:** _____

Authorized Agent _____ Federal ID Number _____

Address _____

Telephone Number (____) _____ Fax (____) _____

This Power of Attorney Authorizes the Above Agent to:

1. Sign for and file quarterly state unemployment insurance tax forms by mail, magnetic media, or electronic filing.
2. Provide, receive, and discuss information, including but not limited to, experience rates, adjustments to your employer account, reimbursement in lieu of contributions, and employer's protest of benefit claims.

Mail Notices to:

TAX NOTICES: (This includes the Employer's Quarterly Contribution and Wage Reports AND Tax Rate Statements)

Send To: (Choose ONE) ☐ Employer/taxpayer address **OR** ☐ Authorized agent named above

BENEFITS NOTICES: (This includes claim notices of former employees AND Benefits Charge Statements)

Send To: (Choose ONE) ☐ Employer/taxpayer address **OR** ☐ Authorized agent named above

Signature of Employer/Taxpayer

I hereby certify that the Nevada Department of Employment, Training and Rehabilitation, Employment Security Division, Contributions Section is authorized to release to the above named authorized agent any and all information in their files with respect to any unemployment compensation matters. I relieve the Department and their representatives of any liability related to release of such information to the above named authorized agent. I understand that this authorization does not absolve me, as the employer/taxpayer, of the responsibility to ensure that all tax returns are filed and all taxes paid on time. Any authorization granted remains in effect until revoked, in writing, by the taxpayer or reporting agent.

The person signing must have actual legal authority to bind the business. Persons may include officer of a corporation, partner, managing member, owner, Chief Financial Officer, Chief Executive Officer, or a fiduciary of a trust or estate.

I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the employer.

Signature (Required) _____

Title (Required) _____ Date (Required) _____