



Mark Gordon
Governor

State of Wyoming Department of Workforce Services

Unemployment Tax Division
PO Box 2760
Casper, Wyoming 82602
307-235-3217 • Fax: 307-235-3278
www.wyomingworkforce.org



Robin Sessions Cooley, J.D.
Director
Elizabeth Gagen, J. D.
Deputy Director

POWER OF ATTORNEY

I. Business/Taxpayer			
Name			
Address		City	State
Phone Number		FEIN	UI Tax Number
ZIP Code			
II. Does Hereby Appoint			
Name of Appointed Representative			Phone Number
Address		City	State
ZIP Code			
<p>as attorney(s)-in-fact to represent taxpayer before the Wyoming Unemployment Tax Division with respect to the following Unemployment Insurance matter(s):</p> <ul style="list-style-type: none"> • The presenting of completed forms, including claims for adjustment of account, employer's protest of benefit claims and information relative thereto. • All matters affecting merit rating, contributions and/or direct reimbursements. • The personal discussion of any or all of the foregoing with proper officials of the State of Wyoming Unemployment Tax Division, Unemployment Insurance Division, and the Workers' Safety and Compensation Division. • This appointment supersedes and replaces any prior authorization which our company may have filed with your agency. 			
III. Authorize Access (please initial your choice)			
<input type="checkbox"/> Tax Mailing Address (this allows your representative to receive all correspondences regarding your Unemployment Tax account at their address. No correspondence will be mailed to you)			
<input type="checkbox"/> Benefits Mailing Address (this allows your representative to receive all correspondences regarding Unemployment claims at their address. No correspondence will be mailed to you)			
<input type="checkbox"/> Both			
<input type="checkbox"/> Information Only (all mail will be sent to your address. Your representative will still be able to view your account and file reports as required)			
III. Signature of Business Representative/Taxpayer			
Name (<i>printed</i>)		Title	
Signature			Date



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IV. Signature of Appointed Representative

I certify that I will represent this employer as a Third Party only. The employer has established their own account in WYUI and has requested an Association. I will access their WYUI information and file quarterly reports only through my Third Party login.

Name (<i>printed</i>)		Title	
Signature		Date	

V. Mail or fax completed form to:
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