

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) 687-4545  
www.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.

Authorized Agent \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Until further notice is provided by you, this Power of Attorney authorizes the above named agent to:

1. Sign and file quarterly state unemployment insurance tax forms.
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 the 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. Also, I understand this authorization replaces any prior authorization filed with the Department.

Signature (Required) \_\_\_\_\_

Title (Required) \_\_\_\_\_ Date (Required) \_\_\_\_\_