

Wyoming Unemployment Tax Division

LIMITED POWER OF ATTORNEY

**UNEMPLOYMENT INSURANCE
ACCOUNT #:** _____

**WORKERS' COMPENSATION
EMPLOYER #:** _____

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

TO WHOM IT MAY CONCERN:

I/We have appointed _____ as our agent to represent our company in Unemployment Insurance and/or Workers' Safety and Compensation matters until further notice.
Authorized agent's telephone number: _____

This representation includes:

1. The presenting of completed forms, including claims for refund or adjustment of account, employer's protest of benefit claims, and information relative thereto.
2. All matters affecting merit rating, contributions and/or direct reimbursements.
3. 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.
4. This appointment supersedes and replaces any prior authorization which our company may have filed with your agency.

Authorized by: _____

Title: _____

Phone #: _____

Date: _____

RETURN TO: DEPT OF EMPLOYMENT
Unemployment Tax Division
Employer Services
P O Box 2760
Casper WY 82602-2760
FAX: 307-235-3278