



Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act

Account No. _____

Employer _____
located at _____ (_____) _____
(Street Address, City, State, Zip Code) Telephone Number

hereby authorizes _____
located at _____ (_____) _____
(Street Address, City, State, Zip Code) Telephone Number

to represent the Employer before the Director in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest and penalties under the Illinois Unemployment Insurance Act, until such time as the appointment is terminated. I understand that my Representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

Name of Employer

By _____
Signature

Title _____

Date _____