



Government of the District of Columbia  
 Department of Employment Service  
 Office of Unemployment Compensation – Tax Division  
 4058 Minnesota Avenue, N.E.  
 WASHINGTON, DC 20019  
 Phone: (202) 698-7550  
 Email: uitax.info@dc.gov

## POWER OF ATTORNEY

Name of Legal Entity: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ SUI Number: \_\_\_\_\_

I, \_\_\_\_\_ am  
 Name and Personal Mailing Address of Owner, Officer, or Duly Authorized Representative – Do Not List PO Box

the owner  an officer or  a duly authorized representative of

\_\_\_\_\_  
 Name and the Location of the Business

and I appoint \_\_\_\_\_  
 Name and Address of the TPA Appointed

as my agent (attorney-in-fact) to act for me on behalf of the above-named business in any lawful way with respect to the following initialed subjects with the District of Columbia Department of Employment Services.

**PLACE YOUR INITIALS BY THE FUNCTIONS AUTHORIZED THROUGH THE POWER OF ATTORNEY:**

- \_\_\_\_\_ (1) Unemployment Insurance Benefit Claims and Litigation.  
 The timely processing of unemployment benefit claims:  
 (a) Employee separation and wage requests  
 (b) Benefit appeals; employer charge protests
- \_\_\_\_\_ (2) Tax matters.  
 (a) Employer registrations; account updates  
 (b) Filing and payment of taxes related to employer liability to the District of Columbia  
 (c) Tax appeals

THIS POWER OF ATTORNEY IS EFFECTIVE BEGINNING \_\_\_\_\_ AND WILL EXPIRE ON \_\_\_\_\_  
 MM/DD/YYYY MM/DD/YYYY

I agree that any third party who receives a copy of this document may act under it. Revocation of the power of attorney is not effective as to a third party until the third party learns of the revocation. I agree to indemnify the third party for any claims that arise against the third party because of reliance on this power of attorney. Further, I agree that the power of attorney does not relieve my responsibilities outlined in Title 51 of the District of Columbia Code.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_  
 Day Month Year Signature (Employer)

**Declaration of Representative:** *Representative(s) must complete this section and sign below.*

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service (IRS).
- I am aware of regulations contained in Treasury Department Circular #230, as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others and the penalties for false or fraudulent statements provided in DC Official Code 47-4106.
- I am authorized to represent in the District of Columbia the taxpayer(s) identified for the tax matter(s) specified herein; and I am one of the following:
  - (a) A member in good standing of the bar of the highest court of the jurisdiction shown below.
  - (b) A Certified Public Accountant duly qualified to practice in the jurisdiction shown below.
  - (c) An Enrolled Agent under the requirements of the Treasury Department Circular # 230.
  - (d) A bona fide officer of the taxpayer’s organization.
  - (e) A full-time employee of the taxpayer, trust, receivership, guardian or estate.
  - (f) A member of the taxpayer’s immediate family (i.e. spouse, parent, child, brother, or sister).
  - (g) An actuary enrolled by the Joint Board for the Enrollment of Actuaries (the authority to practice before IRS is limited by Treasury Department Circular #230).
  - (h) An unenrolled return preparer under the requirements of Treasury Department Circular #230.
  - (i) A general partner of a partnership.
  - (j) Other.

Designation – Inset above letter (a-j)	Jurisdiction (state)	Signature	Date