

Date Stamp

STATE OF NEBRASKA  
DEPARTMENT OF LABOR  
UNEMPLOYMENT INSURANCE  
P O BOX 94600  
LINCOLN, NEBRASKA 68509-4600  
Phone: 402.471.9898  
Fax: 402.471.9994  
Website: dol.nebraska.gov

Employer Account Number	
Federal Identification Number	
Reviewed/Approved	DATE

**POWER OF ATTORNEY**

(NEB. REV. STAT. §48-607)

**Business Name and Address**

Business Name	Doing Business As (DBA)	Phone Number
Mailing Address	City	State
		Zip Code

**Representative Name and Address**

Representative Legal Name	Representative DBA Name
Representative Mailing Address	Phone Number
City	State
Zip Code	Representative E-mail Address*

The employer appoints the above entity for the purposes of representation for the following Unemployment Insurance matters as indicated below (check applicable boxes). If representative does not have prior authority, indicate correct address.

Department Functions Authorized with Power of Attorney	Representative Mailing Address (Address, City, State, Zip) and Email Address*
<input type="checkbox"/> Quarterly Tax Report Filings	
<input type="checkbox"/> Quarterly Tax Report Mailings	
<input type="checkbox"/> Combined Tax Rate Notices	
<input type="checkbox"/> Benefit Claims/ Benefit Charging Notices	
<input type="checkbox"/> Benefit Payment Control Audits	
<input type="checkbox"/> Appeal Documents	
<input type="checkbox"/> SIDES	Broker ID # _____
<input type="checkbox"/> Add	
<input type="checkbox"/> Remove	

**REVOCAION OF PRIOR POWERS OF ATTORNEY**

<input type="checkbox"/> I choose to revoke all prior powers of attorney on file with the Department with respect to the same Unemployment Insurance activities listed above, except the following: _____ effective _____
<input type="checkbox"/> I choose to revoke all powers of attorney on file with the Department effective _____.

\* The email address provided may be used for future Department official business.

If signed by an individual, corporate officer, partner, member, LLC manager, or fiduciary on behalf of the taxpayer/representative, I hereby certify that I approve this Power of Attorney, who is authorized to execute the Power of Attorney on behalf of the taxpayer.

**X**  
Signature of Business Owner \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Employer E-mail Address\* \_\_\_\_\_

**X**  
Signature of Power of Attorney \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ E-mail Address\* \_\_\_\_\_ Title \_\_\_\_\_

\*The email address provided may be used for future Department official business.

## INSTRUCTIONS

### Who must file:

Any employer who wishes to secure representation by a third party for matters regarding Unemployment Insurance program functions (Neb. Rev. Stat. §48-607).

This form may be completed and filed with the Department at any time. In order for this Power of Attorney to become effective, the employer and third-party representative must complete and sign before any person can be designated to represent for Unemployment Insurance activities (Tax, Benefits, Appeals, Benefit Payment Control and SIDES).

### How to file:

This completed form may be submitted via email, fax, or send by mail to the Department as follows:

- To obtain additional copies, visit [dol.nebraska.gov](http://dol.nebraska.gov)
- Email: NDOL.uiccontact@nebraska.gov
- Fax POA form to 402.471.9994
- Mail to Nebraska Department of Labor, Unemployment Insurance Tax Division, PO Box 94600, Lincoln, NE 68509-4600.
- Please call 402.471.9898 for any questions pertaining to this form.

### Employer Name and Address:

If an Unemployment Insurance Tax Account Number has been assigned, please provide the number along with the Federal Employer Identification Number. The employer's current mailing address is necessary in case of future revocation of the Power of Attorney. Please also include the proper email address, as email notification will be the future format of communication for the Department.

### Designation of Attorney-in-Fact:

An attorney-in-fact is considered to be any person who is acting on behalf of another. Enter the information of the appointed third-party representative of which each Department function should be delegated.

### Authorized Acts:

This POA form lists several functions that the attorney-in-fact may perform on behalf of the employer. Please indicate which functions the third-party representative will perform with the corresponding mailing address. **If the representative will not perform certain functions on behalf of the employer, do not check the box, and please indicate the correct mailing address for communication of these documents.** It is important that the correct address be listed for each function, so the correct party receives all mailings which are time-sensitive.

### SIDES (State Information Data Exchange System):

SIDES is an electronic tool to help employers respond to unemployment insurance requests quickly, easily and accurately. Please indicate if a SIDES Power of Attorney is being added or removed, AND their Broker ID Number.

If the third-party representative is applying for a SIDES Broker ID #, please contact via phone or email at 402.458.9910 or [NDOL.SIDES@nebraska.gov](mailto:NDOL.SIDES@nebraska.gov).