

DOCUMENT NAME	REQUIRED / OPTIONAL
Authorized Representative Form	Required
<b>Form SS-4:</b> Application for Employer Identification Number	Required
<b>Form 2678:</b> Employer/Payer Appointment of Agent	Required
<b>Form 8821:</b> Tax Information Authorization	Required
<b>Form DR0145:</b> Tax Information Designation and Power of Attorney for Representation	Required
<b>Form UITL-18:</b> Power of Attorney for Unemployment Insurance	Required
Background Check Disclosure	Required

**NOTE:**

Please ensure all REQUIRED documents are filled out accurately before submitting them for processing.

DOCUMENT NAME	DEFINITION
Authorized Representative Form	Allows an Authorized Representative to assume all program responsibility in place of the Veteran.
<b>Form SS-4:</b> Application for Employer Identification Number	Allows PremierFMS to obtain an Employer Identification Number assigned by the IRS to businesses used to file employer taxes on your behalf.
<b>Form 2678:</b> Employer/Payer Appointment of Agent	Allows PremierFMS the permission to pay your employees and generate W2s for them.
<b>Form 8821:</b> Tax Information Authorization	Allows PremierFMS to access tax information for the EIN we obtained for you using the SS4.
<b>Form DR0145:</b> Tax Information Designation and Power of Attorney for Representation	Allows PremierFMS to receive and inspect confidential tax information from the Colorado Department of Revenue.
<b>Form UITL-18:</b> Power of Attorney for Unemployment Insurance	Allows PremierFMS to become Power of Attorney for the EIN obtained in the SS4.
Background Check Disclosure	Allows PremierFMS to run a background check (For Authorized Representatives Only).



SOUTHWEST CENTER FOR INDEPENDENCE  
VETERAN CHOICE PROGRAM  
AUTHORIZED REPRESENTATIVE FORM

**Instructions:** Please fill out any information in Sections 1 and 2, where applicable. Veterans are required to sign and date at the bottom of the form. If a Veteran has an Authorized Representative, the AR must also sign and date the form. Please submit the completed form to PremierFMS via one of the following options:

**Mail**

10425 W North Ave  
Suite 345  
Milwaukee, WI 53226

**Email**

PremierEnrollment@Premier-FMS.com

**SECTION 1: VETERAN'S INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**SECTION 2: AUTHORIZED REPRESENTATIVE'S INFORMATION** *(If applicable)*

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. For any questions or concerns, please contact our office at 855.287.6638.

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.

Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.

EIN

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Don't enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)
	<b>6</b> County and state where principal business is located	
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b</b> If 8a is "Yes," enter the number of LLC members	
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input type="checkbox"/> Other (specify) _____ Group Exemption Number (GEN) if any		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
<b>10</b> <b>Reason for applying</b> (check only one box)		
<input type="checkbox"/> Started new business (specify type) _____ <input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> _____ <input type="checkbox"/> Created a pension plan (specify type) _____		
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year	
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none).	<b>14</b> Reserved for future use	
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)		
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> _____ <input type="checkbox"/> Other (specify) _____		
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," write previous EIN here		
<b>Third Party Designee</b>	Complete this section <b>only</b> if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code)
Name and title (type or print clearly)		Applicant's fax number (include area code)
Signature	Date	

## Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-13, and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) <sup>2</sup>	complete lines 1-18 (as applicable).
purchased a going business <sup>3</sup>	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust <sup>4</sup>	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator <sup>5</sup>	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits <sup>6</sup>	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 <sup>7</sup>	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup> , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	complete lines 1-18 (as applicable).

<sup>1</sup> For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

<sup>2</sup> However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

<sup>3</sup> Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

<sup>6</sup> Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

<sup>7</sup> See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

Form **2678 Employer/Payer Appointment of Agent**

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

**Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.**

**For IRS use:**

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**Part 1: Why you are filing this form...**

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

**Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.**

**1 Employer identification number (EIN)**

□ □ - □ □ □ □ □ □ □ □

**2 Employer's or payer's name**  
(not your trade name)

\_\_\_\_\_

**3 Trade name** (if any)

\_\_\_\_\_

**4 Address**

\_\_\_\_\_

Number Street Suite or room number

\_\_\_\_\_

City State ZIP code

\_\_\_\_\_

Foreign country name Foreign province/county Foreign postal code

**5 Forms for which you want to appoint an agent or revoke the agent's appointment to file.** (Check all that apply.)

**For ALL employees/  
payees/payments**      **For SOME employees/  
payees/payments**

Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

\*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

**X Sign your name here**

\_\_\_\_\_

Print your name here

\_\_\_\_\_

Print your title here

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Best daytime phone

\_\_\_\_\_

**Now give this form to the agent to complete.** ➔

## Tax Information Authorization

▶ Go to [www.irs.gov/Form8821](http://www.irs.gov/Form8821) for instructions and the latest information.  
 ▶ Don't sign this form unless all applicable lines have been completed.  
 ▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.

OMB No. 1545-1165
For IRS Use Only
Received by: _____
Name _____
Telephone _____
Function _____
Date _____

**1 Taxpayer information.** Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number
	Plan number (if applicable)

**2 Designee(s).** If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

**3 Tax information.** Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters

**4 Specific use not recorded on the Centralized Authorization File (CAF).** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 . . . . . ▶

**5 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ▶   
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

**6 Taxpayer signature.** If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature	Date
Print Name	Title (if applicable)



## Tax Information Designation and Power of Attorney for Representation

<b>Office Use Only</b>
Date Received:

Taxpayer Last Name or Business Name	First Name	Middle Initial	SSN, CAN or FEIN
Spouse's Last Name, if returns are filed jointly	First Name	Middle Initial	SSN or CAN
Address	City	State	Zip

Mark only one (the department will accept the federal form 2848, Power of Attorney and Declaration of Representative, in lieu of this document):

<input type="checkbox"/> Tax Information Authorization: Marking this box allows the department to disclose your confidential tax information to your designee. You may designate a person, agency, firm or organization. See Section 39-21-113 (4) (b).	<input type="checkbox"/> Power of Attorney for Representation: Mark this box if you want a person to "represent" you. This means the person may receive confidential information and may make tax decisions on your behalf.
---	---

For  All Tax years or  Specific tax years/filing periods:

I hereby appoint the following person as Designee for Tax Information or Attorney for Representation:

Last Name	First Name	Middle Initial
Mailing Address	Phone Number ( )	
City	State	Zip
Fax Number ( )		
Name of business/firm (if applicable)		

Representative's title or relationship to taxpayer

Last Name	First Name	Middle Initial
Mailing Address	Phone Number ( )	
City	State	Zip
Fax Number ( )		
Name of business/firm (if applicable)		

Representative's title or relationship to taxpayer

The above-named is authorized to receive my confidential information and/or represent me before the Colorado Department of Revenue for:

All tax matters until this authorization is revoked in writing, **or**

Specific tax matters as follows (mark all that apply):





<input type="checkbox"/> State Sales Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> Partnership Income Tax	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> State Consumer Use Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> Withholding Income Tax	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> Individual Income Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> All Department-Administered Sales Taxes	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> Corporate Income Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> All Department-Administered Consumer Use Taxes	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> Fiduciary Income Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> Other tax (specify)	Period (MM/DD/YY-MM/DD/YY) -

If other, please explain

**Signature of Taxpayer(s)**

- I acknowledge the following provision: Actions taken by a Power of Attorney representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.
- Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer(s): I am authorized to sign this form on behalf of the entity or person identified above as the taxpayer because:
  - I am the taxpayer
  - The taxpayer is a corporation, and I am the corporate officer
  - The taxpayer is a partnership, and I am a partner
  - The taxpayer is a trust, and I am the trustee
  - The taxpayer is a decedent's estate, and I am the estate administrator
  - The taxpayer is a receivership, and I am the receiver
  - Other (if none of the above, then explain what representative capacity you have for the taxpayer)
- If a tax matter concerns a joint return, both spouses must sign if joint representation is requested. Taxpayers filing jointly may authorize separate representatives.

Signature	Print Name	Date (MM/DD/YY)
Title (if applicable)	Daytime telephone number ( )	
Spouse Signature (if joint representation)	Print Name	Date (MM/DD/YY)

**Declaration of Representative** — I am authorized to represent the taxpayer(s) identified above for the tax matter(s) specified.

Signature	Date (MM/DD/YY)	Title
-----------	-----------------	-------

Note: This authorization form automatically revokes and replaces all earlier tax information designations and/or earlier powers of attorney for representation on file with the Colorado Department of Revenue for the **same** tax matters and years or periods covered by this form. **Attach a copy of any other tax information authorization or power of attorney you want to remain in effect.**

If you do not want to revoke a prior authorization, taxpayer sign here	Spouse signature if returns are filed jointly
--	---

Please complete the following, **if known** (for routing purposes only). Otherwise, you may mail this document or submit an electronically scanned copy of the document through Revenue Online, [www.Colorado.gov/RevenueOnline](http://www.Colorado.gov/RevenueOnline)

Revenue Employee	
Division	Section
Telephone Number ( )	Fax Number ( )

Send to: Colorado Department of Revenue Denver, CO 80261-0009  
**If this tax information authorization or power of attorney form is not signed, it will be returned.**

## POWER OF ATTORNEY

Please print the information below. Instructions for completing this form are provided on the reverse.

### Employer Information

Employer Name	Trade Name	Employer Account Number (Required)	
Business Location Address Only (No P.O. Box Number)	City	State	ZIP Code

### Acceptance of New Power of Attorney

Effective Date of Acceptance _____	
Your acceptance of a new power of attorney supersedes any existing power of attorney previously approved by the Unemployment Insurance (UI) Division.	
Power of Attorney Complete Name and Address (No Abbreviations)	Telephone Number
	Email Address

Complete Mailing Address For UI Premium Information and/or forms such as: Wages Paid and Premiums Owed, Billing Statements, and UI Rate Notice.	Telephone Number
	Email Address

### Complete only if the benefits mailing address is different from the premiums mailing address you provided above.

Complete Mailing Address For UI Benefits Information and/or forms such as: Requests for Job-Separation Information and Wages Reported and Possible Charges.	Telephone Number
	Email Address

### Power-of-Attorney Signature

Print Name of the Power of Attorney Representative (Required)	Title
Power of Attorney Representative Signature (Required)	Date

### Employer Approval

I hereby grant permission to the above-named entity or individual to act on my behalf for the purpose stated on this document.	
Print Name of the Employer Official (Required)	Title
Signature of Employer Official (Required)	*Date
<input type="checkbox"/> SIDES (To add employer account information to SIDES), or go to: <a href="http://info.uisides.org">http://info.uisides.org</a>	

\* Additional input must be received within 6-months from the date in the Employer Approval section.

Office Use Only	Date	Q-Identification Number
Power of attorney is approved and input into the UI system.		

## INSTRUCTIONS FOR COMPLETING THE POWER OF ATTORNEY

### Employer Information

**Employer Name:** Type or print legibly the entity name or business name.

**Trade Name:** Type or print legibly the doing-business-as name or trade name.

**Employer Account Number:** Type the 9-digit Colorado unemployment insurance (UI) premium account number. The power of attorney will not be processed or approved if this account number is not provided.

**Business Location Address Only (No PO Boxes):** Type the entity's or business's physical location address.

### Acceptance of New Power of Attorney

**Effective Date of Acceptance:** Complete this section if you want to name or change an entity or individual to have power of attorney. If you complete this section, you must provide an effective date.

**SIDES:** State Information Data Exchange System. By participating in this system, you will receive and respond to the electronic version of form UIB-290, Colorado's Request For Facts About A Former Employee's Employment. To find out more information about SIDES go to <http://info.uisides.org>. It is strongly recommended that you participate in the SIDES system.

**For UI premium-related information:** Complete this section if you want to accept power of attorney for UI premium-related information only.

**For UI benefits-related information:** Complete this section if you want to accept power of attorney for UI benefit-related information only.

**Power of Attorney Complete Name and Address:** Type the name and address of the entity or individual you want to accept as the power of attorney. Do not list an individual's name unless that is the business name.

**NOTE:** If you have an existing power of attorney and the UI Division approves your acceptance of a new power of attorney, the new power of attorney automatically replaces the existing power of attorney for the purposes you indicate on this form.

### Mailing-Address Information

**Complete Mailing Address:** For UI premium information and/or forms such as the UITR-7, Unemployment Insurance Rate Notice; UITR-1, Your Quarterly Report of Wages Paid and Premiums Owed; UITR-1a, Unemployment Insurance Report of Workers Wages; and UITR-2, Unemployment Insurance Statement of Payment Due; or any other premium forms you must provide the complete mailing address regardless of whether you are adding or changing a power of attorney. This information must be completed to ensure that UI correspondence is sent to the address of the entity or individual who will be responsible for UI correspondence. Provide a second mailing address only if you want the UI benefits-related information sent to a mailing address different from the mailing address used for premium-related information.

**NOTE:** You are responsible for ensuring that any UI correspondence that is sent to an incorrect mailing address is properly forwarded. You are also responsible for updating your mailing address with us.

### Power-of-Attorney Signature

**New Power of Attorney Representative Signature:** A representative of the entity or the individual who you want to accept as the power of attorney **must** provide his or her name and title and sign and date the form in order to make this a valid document.

### Employer Approval

**Signature of Employer Official:** The employer **must** sign this form to accept an entity or individual as the power of attorney. The employer official's name, title, signature, and date of signature are required to make this a valid document.

### Discontinuation of Power of Attorney

If you elect to discontinue a power of attorney without accepting a new power of attorney, submit a written request to the UI Division at the above address.



SOUTHWEST CENTER FOR INDEPENDENCE  
VETERAN CHOICE PROGRAM  
BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the Southwest Center for Independence – Veteran Choice Program, to conduct a background check before authorized representatives are eligible to begin serving as an authorized representative/employer for a Veteran. PremierFMS will be running a background check. Successfully passing the background check is a condition of representing the Veteran.

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Maiden Name or Alias (if applicable): \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AUTHORIZATION**

By signing below, I certify that the information provided above is accurate. I authorize PremierFMS to conduct a background check. Furthermore, I understand that the results of the background checks will be shared with the Colorado State Veteran Directed Care Program Coordinator and Veteran/ Authorized Representative.

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**For any questions or concerns, please contact our office at 855.287.6638. Please submit the completed form to PremierFMS via one of the following options:**

**Mail**

10425 W North Ave  
Suite 345  
Milwaukee, WI 53226

**Email**

PremierEnrollment@Premier-FMS.com