
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: essp.info@dc.gov

POWER OF ATTORNEY

Name of Legal Er	ntity:			Trade Name:
Federal ID Numb	er:	SUI Ni	umber:	
I,				ly Authorized Representative – Do Not List PO Box am
Name and	Personal Mailing	Address of Own	er, Officer, or Du	ly Authorized Representative – Do Not List PO Box
\Box the owner \Box a	n officer or	a duly autho	rized represent	ative of
			Name and	d the Location of the Business
and I appoint				
as my agent (attorr with the District of			behalf of the a	Name and Address of the TPA Appointed bove-named business in any lawful way with respect to the following initialed subjects rvices.
PLACE YOU	R INITIALS B	Y THE FUNC	CTIONS AUT	HORIZED THROUGH THE POWER OF ATTORNEY:
(1)	(a) Employe	ocessing of un ee separation a		benefit claims: ests
(2)		nd payment of	s; account upd taxes related t	ates o employer liability to the District of Columbia
THIS POWER OF	ATTORNEY	IS EFECTIVI	E BEGINNIN(G AND WILL EXPIRE ON MM/DD/YYYY
party until the thir	d party learns	of the revoca	tion. I agree to	ment may act under it. Revocation of the power of attorney is not effective as to a third o indemnify the third party for any claims that arise against the third party because of wer of attorney does not relieve my responsibilities outlined in Title 51 of the District of
Signed this	day of	;	, <u> </u>	
Day		Month	Year	Signature (Employer)
Declaration of Re	presentative:	Representativ	e(s) must com	plete this section and sign below.
 I am aw public au Official 0 I am auth following (a) (b) (c) (d) (e) (f) 	currently under are of regulati ccountants, em Code 47-4106. horized to repro g: A member in A Certified P An Enrolled A bona fide of A full-time en A member of An actuary e	r suspension of ons contained rolled agents, esent in the Di good standing ublic Account Agent under th officer of the ta nployee of the the taxpayer?	I in Treasury I enrolled actu istrict of Colur g of the bar of tant duly quali- ne requirement axpayer's orga e taxpayer, trus s immediate fa e Joint Board	From practice before the Internal Revenue Service (IRS). Department Circular #230, as amended, concerning the practice of attorneys, certified aries, and others and the penalties for false or fraudulent statements provided in DC nbia the taxpayer(s) identified for the tax matter(s) specified herein; and I am one of the the highest court of the jurisdiction shown below. fied to practice in the jurisdiction shown below. s of the Treasury Department Circular # 230. nization. st, receivership, guardian or estate. mily (i.e. spouse, parent, child, brother, or sister). for the Enrollment of Actuaries (the authority to practice before IRS is limited by
(h)	An unenrolle	d return prepa	rer under the r	equirements of Treasury Department Circular #230.

- e requirements of T ry Jep
- (ii) An unenrolled return preparer unde
 (i) A general partner of a partnership.
 (j) Other.

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