

**VERMONT DEPARTMENT OF LABOR**  
**ATTN: Employer Services**  
**P.O. Box 488**  
**Montpelier, VT 05601-0488**  
**Phone: 802-828-4344**  
**Fax: 802-828-4248**  
**Limited Power of Attorney and**  
**Tax Information Authorization**  
*(Business, Estate or Trust)*

<b>VT Unemployment Account Number</b>
<b>Federal Identification Number</b>
<b>Client Number</b>

Taxpayer's Legal Business Name: \_\_\_\_\_

Trade Name(s): \_\_\_\_\_

hereby appoints \_\_\_\_\_ as its agent to perform the following acts on its behalf:

This Limited Power of Attorney form is effective for the period beginning \_\_\_\_\_ and will remain in effect until this department is otherwise notified. *(Quarter/Year)*

***(check all that apply):***

- Receive, prepare and file new and amended Vermont Employer's Quarterly Wage & Contribution Report forms.
- Obtain from and provide to this agency information regarding its returns filed for periods on or after the date below.
- Discuss matters as they pertain to the rate assignments and experience rating.

Address in Fact: \_\_\_\_\_

*(C-101 Forms, Rate* \_\_\_\_\_

*Notices, Statements)* \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Please specify the client address where benefit claim related information should be mailed.

Client Address: \_\_\_\_\_

*(Only Benefit Claim* \_\_\_\_\_

*Related Information)* \_\_\_\_\_

Telephone No.: \_\_\_\_\_

It applies only to the items which have been selected above as they pertain to the Unemployment Insurance Tax and/or Benefit related matters for the client.

This limited Power of Attorney revokes all prior Powers of Attorney on file with the Vermont Department of Labor.

\_\_\_\_\_  
*Person Completing and Signing Power of Attorney*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Title of Person Signing Power of Attorney*

