

**Wyoming Unemployment Tax Division**

**LIMITED POWER OF ATTORNEY**

**UNEMPLOYMENT INSURANCE  
ACCOUNT #:** \_\_\_\_\_

**WORKERS' COMPENSATION  
EMPLOYER #:** \_\_\_\_\_

**EMPLOYER NAME:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I/We have appointed \_\_\_\_\_ as our agent to represent our company in Unemployment Insurance and/or Workers' Safety and Compensation matters until further notice.  
Authorized agent's telephone number: \_\_\_\_\_

This representation includes:

1. The presenting of completed forms, including claims for refund or adjustment of account, employer's protest of benefit claims, and information relative thereto.
2. All matters affecting merit rating, contributions and/or direct reimbursements.
3. The personal discussion of any or all of the foregoing with proper officials of the State of Wyoming Unemployment Tax Division, Unemployment Insurance Division, and the Workers' Safety and Compensation Division.
4. This appointment supersedes and replaces any prior authorization which our company may have filed with your agency.

Authorized by: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date: \_\_\_\_\_

RETURN TO: DEPT OF EMPLOYMENT  
Unemployment Tax Division  
Employer Services  
P O Box 2760  
Casper WY 82602-2760  
FAX: 307-235-3278