

Power of Attorney (POA)

Complete this form if you wish to appoint someone to represent you with the State of Michigan Unemployment Insurance Agency, or if you wish to revoke or change your current Power of Attorney representation. Please read the instructions on page 2 before completing this form.

PART 1: EMPLOYER INFORMATION			
Name and Address (if individual)	If a business, enter DBA, trade or assumed name.		
	Telephone Number (required)	Extension	Fax Number
	FEIN Number		UIA Account Number **
E-mail Address (if applicable)			

PART 2: REPRESENTATIVE INFORMATION AND AUTHORIZATION DATES			
Your authorized representative may be an organization, firm, or individual. If your representative is not an individual, designate a contact person. Please ensure that you submit a separate form for each representative.			
Representative Name and Address INFOCUS PAYROLL LLC 900 CHICAGO AVE STE 104 EVANSTON, IL 60202	Contact Name (if applicable) BRIAN BOHLEY		E-mail Address (if applicable) brian@infocuspayroll.com
	Telephone Number (required) (877) 495-5289	Extension 1	Fax Number (877) 495-5289
	Beginning Authorization Date – Required (mm/dd/yyyy)		Ending Authorization Date – If applicable (mm/dd/yyyy) *
	Representative FEIN 453832231		Representative UIA Account Number 1988820992

This representative is a(n): PEO CPA Human Resources Bookkeeper Other Service Provider

PART 3: TYPE OF AUTHORIZATION	
<input type="checkbox"/>	GENERAL AUTHORIZATION Authorizes my representative to: (1) inspect or receive confidential information, (2) represent me and provide oral or written presentations of fact and/or argument, (3) sign quarterly reports or registration reports, (4) enter into agreements, and (5) receive mail from the UIA (includes forms, billings and notices.) This authorization applies to all tax related/non-tax related matters and all years or periods.
<input checked="" type="checkbox"/>	LIMITED AUTHORIZATION Select the type of authorization by checking the appropriate boxes to the right of each item listed below. You may check up to 4 boxes. If 5 boxes apply, please complete the 'General Authorization' section above.
1.	Inspect or receive confidential information..... <input checked="" type="checkbox"/>
2.	Represent me and make oral or written presentation of fact or argument..... <input checked="" type="checkbox"/>
3.	Sign reports..... <input checked="" type="checkbox"/>
4.	Enter into agreements..... <input type="checkbox"/>
5.	Receive mail from the UIA (including forms, billings and notices)..... <input checked="" type="checkbox"/>
If the box for Line 5 above is checked, please select the category or categories of forms that you want mailed to this POA: Tax <input checked="" type="checkbox"/> Claims Control <input type="checkbox"/> Contested Claims <input type="checkbox"/> All <input type="checkbox"/>	
UIA mail will be sent based on the selections above to the representative at the address indicated in Part 2.	

<input type="checkbox"/>	WORK OPPORTUNITY TAX CREDIT (WOTC) Select this box if you have been appointed to represent the taxpayer before the IRS for the Work Opportunity Tax Credit. Authorization Dates: _____ (Required Beginning Date) through _____ (Required End Date).
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PART 4: CHANGE IN POWER OF ATTORNEY	
<input checked="" type="checkbox"/>	CHANGE IN POWER OF ATTORNEY REPRESENTATION: This form replaces all earlier Powers of Attorney except those attached on file for the same tax related/non-tax related matters and years, or periods covered by this Power of Attorney.
<input type="checkbox"/>	REVOKE PREVIOUS AUTHORIZATION: I revoke all Powers of Attorney submitted and will represent myself in all tax and benefit matters.

PART 5: EMPLOYER'S SIGNATURE		
If signed by a corporate officer, partner or fiduciary on behalf of the employer, I certify that I have the authority to execute this Power Of Attorney.		
Signature	Name or Title Printed or Typed	Date

* If no ending Authorization Date is provided, the above-named representative will be authorized to represent you until you notify the Unemployment Insurance Agency (UIA) in writing to revoke this Power of Attorney. ** Unemployment Insurance Agency is abbreviated throughout this form as UIA.

Instructions for Power of Attorney (Form UIA 1488)

Complete and file a *Power of Attorney* (Form UIA 1488) if you wish to appoint an individual, firm, or organization as your representative in tax or benefit matters before the Unemployment Insurance Agency (UIA). **Failure to complete this form will prohibit the UIA from discussing your information with another person or releasing your information to another person, to protect your Firms confidential information.**

PART 1: EMPLOYER INFORMATION

Enter the employer's name, address, telephone number, fax number, and e-mail address. If the taxpayer is a business operating under another name, enter the doing business as, trade or assumed name. Enter the federal employer identification number (FEIN), any other applicable FEIN, and the UIA account number. If you do not have a UIA Account number, leave the indicated space blank.

PART 2: REPRESENTATIVE INFORMATION AND AUTHORIZATION DATES

You must submit a separate Power of Attorney form for each representative. Enter the authorized representative's telephone number, fax number, and e-mail address. **If your representative is not an individual, please designate a contact person.** Make sure to indicate the beginning and ending dates of authorization. Provide the FEIN associated with the representative and the representative's UIA account number, if available. In addition, indicate whether the representative is a professional employer organization (PEO), certified public account (CPA), human resources specialist, bookkeeper, or other service provider. More than one box may be checked if applicable.

PART 3: TYPE OF AUTHORIZATION

Check the **General Authorization** box to allow your representative to act on your behalf to do all of the following: (1) inspect and receive confidential information, (2) represent you and provide oral or written presentations of fact and/or argument, (3) sign reports, (4) enter into agreements, and (5) receive all mailings (includes forms, billings, and payment notices). **This authorization applies to all tax/non-tax matters and for all years or periods.**

You may restrict your representative's authorization to act on your behalf by checking the **Limited Authorization** box, and then checking the appropriate specific powers boxes. **The authorizations selected apply to all tax related/non-tax related matters and for all years or periods.** If all five boxes apply, complete the "General Authorization" section only. If you check the box for line five, you may select the category or categories of forms that you want mailed to the Power of Attorney indicated on this form. The categories of forms are: (1) Tax, (2) Claims Control, (3) Contested Claims or (4) All.

All mail will be sent to the address you entered in Part 2 of this form. To change the mailing address after submission of this form, use Michigan Web Account Manager (MiWAM) at www.michigan.gov/uia.

WORK OPPORTUNITY TAX CREDIT (WOTC):

The Work Opportunity Tax Credit (WOTC) is a Federal tax credit incentive that Congress provides to private-sector businesses for hiring individuals from nine target groups who have consistently faced significant barriers to employment. To learn more about WOTC and how to apply, visit www.doleta.gov

PART 4: CHANGE IN POWER OF ATTORNEY

Unless otherwise specified, this Power of Attorney replaces or revokes any previous Power of Attorney form on file with the Michigan Unemployment Insurance Agency for the same tax matters identified on this form.

You must identify any previous authorizations that should remain in effect, and attach a copy of the authorizations to this form when filed.

PART 5: EMPLOYER SIGNATURE

Sign and date the form if you have authority to execute the Power of Attorney on behalf of an employer.

FILING POWER OF ATTORNEY

To file this form, mail or fax it to:

UIA Tax Office
PO Box 8068
Royal Oak, MI 48068-8068
Fax: (313) 456-2130

Questions regarding this form can be directed to the Office of Employer Ombudsman (OEO) at 1-855-4UIAOEO (855-484-2636 or by e-mail at OEO@michigan.gov