Iowa Workforce Development

Unemployment Insurance Tax Bureau
1000 E Grand Avenue
Des Moines, Iowa 50319

Note: To avoid a delays in agent assignment, the employer may assign a Power of Attorney or Authorized Representative on-line at www.myiowaui.org

*** Required fields**

1. Business granting Power of Attorney or Authorized Representative

*Legal Business Name: _____ UI Account #: _____

DBA: _____ *FEIN: _____

Owner Name: _____

*Business Address: _____

*City: _____ *State/Province: _____ *Zip/Postal Code: _____

*Phone: _____ Ext: _____

2. Power of Attorney ☐ or Authorized Representative ☒

*Effective Date: 1/1/2026

3. Power of Attorney or Authorized Representative Information

*Firm or Legal Business Name: OnPay Tax Disbursement, LLC *Agent ID: R 2589314

Address 1: 675 Ponce De Leon Ave NE W207 FEIN: 35-264706

City: Atlanta State/Province: GA Zip+4/Postal Code: 30308

Phone: 877 328-6505 Ext: _____

Note: Each Power of Attorney or Authorized Representative must complete a separate form 68-0092.

4. Assign agent roles -- See page 3 of instructions for description of roles

As the true and lawful agent, with limited power and authority to represent the said employer before IWD in only the matters selected below:

(Please check all boxes that apply)

mylowaUI.org Website Roles: (This applies to all reporting units) ***See page 3 for role definitions.***

☐ All Roles

☐ System Administrator
☐ Maintain Account
☒ Manage Payments
☒ Submit/Change Wage Detail

☐ View Wage Detail
☐ View Payments
☒ View Correspondence
☒ View Transaction History

Communication

☐ Legal Representation (ONLY)
No access to employer account (mylowaUI).

Stephanie Mendez

*Signature - Officer, Member, Partner, Fiduciary, Sole Proprietor
(Refer to instructions on page 2)

*Date
(Must be within 30 days of submission to IWD)

Stephanie Mendez — *Printed Name
Agent — *Title
877 328-6505 — *Phone

Complete and sign this form to be valid.

Online Submission: www.myiowaui.org
Email Completed Form: iwduitax@iwd.iowa.gov

Instructions

(Declaration of Power of Attorney or Authorized Representative)

To avoid a delays in agent assignment, the employer may assign a Power of Attorney or Authorized Representative on-line at www.myiowaui.org

Iowa Workforce Development (IWD) will only discuss confidential Unemployment Insurance (UI) information with authorized parties. An employer must have a signed Declaration of Power of Attorney or Authorized Representative (herein after called Declaration) on file with IWD.

Purpose of Declaration

A Declaration is a legal document authorizing someone else to act on an employer's behalf.

Who Can Be Declared a Power of Attorney or Authorized Representative?

- Attorney
- Accountant, Firm
- Tax preparer or
- Any individual acting on behalf of an employer.

Privileges of Both Power of Attorney and Authorized Representative

Both are allowed to perform one or more of the following on behalf of any employer:

- Sign and file reports for UI matters
- Make deposits and payments for UI
- Receive UI information, notices and other communication regarding authorization granted
- Access electronic records specific to the employer
- Represent the employer in any formal or informal meeting, hearing, decision or appeal, final or otherwise.

Additional Privileges for Power of Attorney Only

The Authorized Representative **cannot** be granted the following privileges:

- Enter into any compromise with IWD
- Execute any release from liability required by IWD as a prerequisite to divulge otherwise confidential information concerning the employer
- Other acts as expressly stipulated in writing by the employer

Who Must Sign the Declaration?

1. ***Sole Proprietor*** - Must be signed by individual owner
2. ***Corporation or Association*** - Must be signed by an officer of the corporation or association having authority to legally bind the corporation or association. The corporation or association must certify that the officer has such authority.
3. ***Trust or Conservator*** - Must be signed by fiduciary authority
4. ***Partnership*** - Must be signed by all partners, or if executed in the name of the partnership, by the partner or partners duly authorized to act for the partnership, who must certify that the partner(s) has such authority.
5. ***Limited Liability Corporation*** - Must be signed by a member of the LLC

Note: Signature date must be within 30 days of the form submission to IWD.

Agent Roles

As the true and lawful agent, you are able to represent the employer in all roles or only the specific roles selected in this section. **See page 3 for description of roles.**

Duration of Authority, Canceling or Withdrawing a Declaration

The Declaration will remain in effect until revoked. The employer can do this by logging into their account on www.myiowaui.org, select assign agent option, select the agent you want to revoke and enter an end date. The employer, Power of Attorney, or Authorized Representative can also revoke the Declaration by notifying IWD in writing.

Submitting a New Declaration

A new Declaration revokes a prior Declaration for the specified transactions. The Declaration becomes effective the date it is received by IWD.

Submission Options:

Online Submission: **www.myiowaui.org** - Log into account, select assign agent option, enter agent R number, assign roles

Email completed form: iwduitax@iwd.iowa.gov

Note: Address change requests must be received in **writing** by IWD if form 68-0092 is submitted via mail.

Instructions

(Declaration of Power of Attorney or Authorized Representative)

Power of Attorney or Authorized Representation may be assigned online at: www.myiowaui.org

2 Agents can not have access to the same roles	**Suggested Roles**			
myIowaUI Website Roles	E-Filers	Payroll Processing	CPA/Tax Preparer	Tax Rate or Account Monitoring
All Roles All Functions				
System Administrator Assign Agent - Function only available to employer users Update Users			✔	
Maintain Account Update Name Update Address Update Officer/Member/Partner Update Reporting Units Update Banking Information Update Accountant Cancel an Election of Coverage Elect Coverage for Non-Covered Employees Request Contributory/Reimbursable Change Report Bankruptcy Information Inactivate Account/Reactivate Account Change Owner			✔	
Manage Payment Make Payment Request a Payment Plan Request Waiver of Penalty, Interest & Fees Credit and Debit View Payment History Request Refund		✔	✔	
Payment View Only View Payment History - Cannot make changes	✔			✔
Submit / Change Wage Detail Submit Wage Report Submit Wage Adjustment View Submission Summary View Wage Detail Labor Market Information Request IRS Certification		✔	✔	
Wage Detail View Only View Quarterly Report Summary - Cannot make changes	✔			✔
View Correspondence View Only - Cannot make changes		✔	✔	✔
View Transaction History View Only - Cannot make changes		✔	✔	