

HOW TO PROPERLY FILL OUT POA FORM(S) – LE-10 AND UI-1M

The link below takes you to the 2-page form; first page is LE-10 and second page is UI-1M

[Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act \(Form LE-10\) and Special Mailing Form \(Form UI-1M\)](#)

IDES ILLINOIS DEPARTMENT OF UNEMPLOYMENT SECURITY
Power of Attorney for Representing Employer under the Illinois Unemployment Insurance Act

Fax: 217-557-1948 33 South State Street, Chicago IL 60603-2802

Employer: _____ > UIAccount ID: _____

Located at: _____ Street Address, City, State, Zip Code Telephone Number _____

E-mail Address: _____

Hereby Authorizes: _____ > Third Party Agent's FEIN _____ > Service Bureau's SB ID _____

Service Bureau or Third Party Agent

Located at: _____ Street Address, City, State, Zip Code Telephone _____

E-mail Address: _____

to represent the Employer before the Director in any and all matters, to act in the Employer's stead with the same consequences as the Employer, and to receive any and all information requested by said Representative pertaining to the Employer's liability for the payment of contributions, interest and penalties under the Illinois Unemployment Insurance Act (except that I understand that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence), until such time as the appointment is terminated. I understand that my Representative shall be provided information only to the extent that it is requested for one of the purposes set forth in Section 1900 of the Illinois Unemployment Insurance Act [820 ILCS 405/1900].

Name of Employer: _____ Name of Employer's Business _____

Signature: _____ Fill out completely _____

Print: _____

Title: _____

Date: _____

LE-10 (Rev. 2/20)

LE-10 (do not use LE-11)

Use the Service Bureau ID provided by IDES; if no ID provided, use your FEIN

Address must match exactly what is in MyTax.

Note: The above form must be filled out completely. The areas circled or boxed are the most important and the ones that often create errors.

See next page for UI-1M SPECIAL MAILING FORM.



UNEMPLOYMENT INSURANCE SPECIAL MAILING FORM

Fax: 217-557-1948

33 SOUTH STATE STREET CHICAGO, IL 60603-2802

The purpose of this form is to notify the Department of a request to have correspondence sent to an address other than your business address or to terminate a preexisting address, except that notices pertaining to a Determination and Assessment or Refund/Adjustment shall be sent to the employing unit at its principal place of business or its last known place of business or residence. If the requested third party or service bureau, you must also complete the Power of Attorney.

Employer Name _____

DBA Name _____

Illinois UI Account Number _____

Federal I.D. Number _____

On this line, enter the name of your SB or TPA, not a person.

Must put an X by notices to be mailed to SB/TPA

Each form can be directed to only one address. Therefore, check only once for each form. If your list cannot be contained in its entirety on this form because of multiple addresses, please provide additional copies of the form:

- BIS-32 (Notice to Chargeable Employer)
- UI-3/40 (Contribution & Wage Report) *
- Ben-118/118R Benefit Charge Notice
- UI-5A/UI5B (Rate Notice)
- Benefit Appeal Notice
- SI-5 (Notice of Benefit Earnings Audit)

if Representative or Service Bureau)

Street Address _____ Unit or Suite _____

City, State, ZIP _____

Country _____ Telephone _____

E-Mail Address _____

Must be filled out and match address on LE-10 and in MyTax

*Check one or more Notices if you require more than View-only Access.

Effective Date _____ Termination Date _____

BIS-32 (Notice to Chargeable Employer)

UI-3/40 (Contribution _____ if Representative or Service Bureau)

Ben-118/118R Bene _____

UI-5A/UI5B (Rate N _____ Unit or Suite _____

Benefit Appeal Notice _____ City, State, ZIP _____

SI-5 (Notice of Benefit Earnings Audit) _____ Country _____ Telephone Number _____

E-Mail Address _____

If a second Service Bureau/TPA is listed, a corresponding signed LE-10 must be included.

Effective Date _____ Termination Date _____

Signed by _____

Title _____

Employer

Date _____

Telephone Number _____

Note: Failure to include the UI-1M will result in View Only Access to the account.