



State of Tennessee  
Department of Labor and Workforce Development  
Employer Services Unit  
220 French Landing Drive, Floor 3-B  
Nashville, Tennessee 37243-1002

## DECLARATION OF REPRESENTATIVE

This is to certify that (Representative): ADP Tax Services, Inc., a wholly-owned subsidiary of ADP, Inc.

Located at: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

is authorized to represent (Employer): \_\_\_\_\_

Employer's Federal Employer Identification Number: \_\_\_\_\_ Applied For ☐

Employer's Tennessee Employer Account Number: \_\_\_\_\_ Applied For ☐

before the Tennessee Department of Labor and Workforce Development (TDLWD) for the item(s) checked below:

<input type="checkbox"/> for completing and filing quarterly Premium and Wage Reports	<input type="checkbox"/> for benefit charge management*
---	--

\*Benefit Charge Management includes receiving and responding to any time sensitive request(s) for separation information and notice(s) of claim filed and, responding to any summary of benefits charged. It also includes representation for the purpose of filing appeals and appearance in connection with those appeals before Appeal Boards of the TDLWD.

Summaries of benefits charged are mailed to the primary address of record.



This authorization supersedes all similar authorizations. This form also authorizes the TDLWD to, in accordance with applicable law, release to the Representative any documentation relating to the Employer's account that it could release to the Employer.

Employer Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

### Required:

Authorized Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signer: \_\_\_\_\_ Title: \_\_\_\_\_

**Return to:** Tennessee Department of Labor and Workforce Development  
Employer Services Unit  
220 French Landing Drive, Floor 3-B  
Nashville, TN 37243

Phone: 615-741-2486

Fax: 615-741-7214

# Tennessee Department of Labor & Workforce Development

## Form LB-0927 Declaration of Representative Completion Guidelines


The Tennessee Department of Labor & Workforce Development requires a completed, signed, and dated Declaration of Representative (POA) form as instructed below.

Completed Declarations of Representative (POA) can be sent to the agency as follows:

- Email to Tax\_Authorizations@adp.com with "TN POA" indicated in the Subject line
- Mail the completed POA form to your ADP representative
- ADP will forward the POA to the agency

POAs will be rejected by the agency for the following reasons:

- Missing or incorrect information

  
State of Tennessee  
Department of Labor and Workforce Development  
Employer Services Unit  
220 French Landing Drive, Floor 3-B  
Nashville, Tennessee 37243-1002

### DECLARATION OF REPRESENTATIVE

This is to certify that (Representative): ADP Tax Services, Inc., a wholly-owned subsidiary of ADP, Inc.

Located at: 400 W Covina Blvd

City: San Dimas State: CA Zip Code: 91773

Phone: (877) 706-0510 Fax: \_\_\_\_\_

is authorized to represent (Employer): \_\_\_\_\_

Employer's Federal Employer Identification Number: \_\_\_\_\_ Applied For ☐

Employer's Tennessee Employer Account Number: \_\_\_\_\_ Applied For ☐

before the Tennessee Department of Labor and Workforce Development (TDLWD) for the item(s) checked below:

<input checked="" type="checkbox"/> for completing and filing quarterly Premium and Wage Reports	<input type="checkbox"/> for benefit charge management*
--	--

\*Benefit Charge Management includes receiving and responding to any time sensitive request(s) for separation information and notice(s) of claim filed and, responding to any summary of benefits charged. It also includes representation for the purpose of filing appeals and appearance in connection with those appeals before Appeal Boards of the TDLWD.

Summaries of benefits charged are mailed to the primary address of record.

XXXXXXXXXXXXXXXXXXXX

This authorization supersedes all similar authorizations. This form also authorizes the TDLWD to, in accordance with applicable law, release to the Representative any documentation relating to the Employer's account that it could release to the Employer.

Employer Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

**Required:**

Authorized Employer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Signer: \_\_\_\_\_ Title: \_\_\_\_\_

**Return to:** Tennessee Department of Labor and Workforce Development  
Employer Services Unit  
220 French Landing Drive, Floor 3-B  
Nashville, TN 37243

Phone: 615-741-2486  
Fax: 615-741-7214

LB-0927 (Rev. 07-14)

RDA 1559

**Is Authorized to Represent:** Type or write the entity name or business name.

**Employer Federal Identification Number:** Type or write the employer's FEIN that was assigned. If a FEIN has not been assigned, leave the area blank.

**Employer Account Number:** Type or write the 8-digit TN unemployment insurance (UI) tax account number.

**Employer Name:** Type or write the entity name or business name.

**Trade Name:** Type or write the doing-business-as name or trade name.

**Mailing Address:** Type or write the entity's or business' location address.

**Authorized Employer Signature:** You must sign and date this form, and provide the signer's printed name and title in order to make this a valid document.