

Power of Attorney for Unemployment Insurance

This authorization allows the Employment Security Department to send or share confidential information about your unemployment-insurance account with your designated representative. Please complete all information below, which must match the records we have on file for your business.

Section 1 - Employer information

Business name: _____ ESD number: _____
Business phone number: _____ EIN: _____
Business fax number: _____ UBI number: _____

Section 2 - Business owner or officer

First Name: _____ Last name: _____
Social Security number: _____ Date of birth: _____
Title: _____ Residential phone: _____
Contact phone: _____ Email address: _____

Section 3 - Representative for tax purposes

Representative organization name: _____ Representative's EIN: _____
Mailing address line 1: _____
Mailing address line 2: _____
City: _____ State: _____ Zip code: _____
Contact name: _____ Contact person's title: _____
Contact phone number: _____
Contact fax number: _____
Contact email address: _____

Section 4 - Confidential tax information

Authorizations: Please check the boxes that indicate how much authority you'd like to give your representative.

- Unemployment-insurance tax reports and amendments
- Tax payments and billing statements
- Electronic access to information as available
- Audit of unemployment-insurance taxes
- Enter into agreements
- Represent and make oral or written presentations of fact and/or argument

Mailing tax documents:

Please check the address we should use when mailing tax documents.

- Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- Representative's mailing address in section 3 above

Mailing billings:

Please check the address we should use when mailing billings and payment notices.

- Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- Representative's mailing address in section 3 above

Section 5 - Representative for benefits purposes

Same as above. (Skip this section if checked.)

Representative name: _____ Representative's EIN: _____

Mailing address line 1: _____

Mailing address line 2: _____

City: _____ State: _____ Zip code: _____

Contact name: _____ Contact person's title: _____

Contact phone number: _____

Contact fax number: _____

Contact email address: _____

Section 6 - Confidential benefits information

Authorizations: Please check the boxes that indicate how much authority you'd like to give your representative.

- Benefit charges
- Benefit claims
- Electronic access to information as available
- Enter into agreements
- Represent and make oral or written presentations of fact and/or argument

Mailing benefit charge statements - We can send benefit charge statements to an alternate mailing address.

Please indicate which address we should use when mailing benefit documents.

- Employer's mailing address on record. (Use the *Business Change Form* to report any change of business address.)
- Representative's mailing address in section 3 above
- Representative's mailing address in section 5 above

Effective dates

If you provide no ending date, your authorizations above will remain in effect until you revoke them in writing.

Beginning authorization date: _____ Ending authorization date: _____

I, the undersigned, declare under the penalties of perjury that I am the business owner or officer duly authorized to represent this account and further declare that the information submitted has been examined by me and that the matters and statements set forth are true, correct and complete.

Employer signature: _____ Date: _____

Name of signee: _____ Title: _____

If you have questions, please contact the Status Unit at status@esd.wa.gov or 360-902-9360.

Please sign this form and fax to 800-794-7657 or mail to:

Employment Security Department, Status Unit, P.O. Box 9046, Olympia WA 98507-9046