

EMPLOYER POWER OF ATTORNEY AUTHORIZATION FORM DESIGNATING AGENT

1. Maryland Unemployment Insurance Employer Number: _____
2. Federal Employer Identification Number: _____
3. Name of Employer/Taxpayer: _____
4. Address: _____
5. Telephone Number: _____ Email address: _____

Reporting Agent

1. Maryland Unemployment Insurance Agent Number: MD8P2M
2. Name of Reporting Agent: OnPay Tax Disbursement, LLC
3. Address: 675 Ponce De Leon Ave NE, Suite W207, Atlanta, GA 30308
4. Telephone Number: 8773286505 Email address: tax@onpay.com

Authorization

Check the authorization that is granted to the Reporting Agent. (Check all that apply.)

	Authorization Type	Communication Preference (US Mail / Email / Text)	Details (Mailing address / Email / Phone number)
<input checked="" type="checkbox"/>	Sign, date, and submit original and amended wage reports on behalf of the employer.	US Mail <input type="button" value="v"/>	675 Ponce De Leon Ave NE, Suite W207, Atlanta GA 30308
<input checked="" type="checkbox"/>	Submit payments on behalf of the employer/taxpayer.	US Mail <input type="button" value="v"/>	675 Ponce De Leon Ave NE, Suite W207, Atlanta GA 30308
<input type="checkbox"/>	Make account maintenance updates on behalf of the employer.		
<input type="checkbox"/>	Access benefit charges and receive benefit charge statements on behalf of the employer.		
<input type="checkbox"/>	Manage wage and separation requests on behalf of the employer, including receipt of notices regarding wage		
<input type="checkbox"/>	File and participate in any adjudication before the Division of Unemployment Insurance and file and participate in any appeal hearing before either the UI Lower Appeals Division or the Board of Appeals.		
<input type="checkbox"/>	All of the above		

- Revoke a previous Power of Attorney authorization.

Effective Date of Authorization: _____

End Date of Authorization (if applicable): _____

Signature and Acknowledgement

The Employer/Taxpayer authorizes the Maryland Division of Unemployment Insurance to disclose otherwise confidential tax information to the Reporting Agent relating to the Authorization granted above, including any disclosure required to process this form.

Full Name on behalf of Employer (Printed)

Title

Signature on behalf of Employer

Date