OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. Box 182404
Columbus, Ohio 43218-2404
(614) 466-2319
http://unemployment.ohio.gov

FOR 0006A

AGENT AUTHORIZATION FORM

To immediately authorize an agent (third party administrator, accountant, payroll company, etc) to act on your behalf regarding your account, please visit http://unemployment.ohio.gov. If you prefer, you may submit your information by completing this form and your account will be updated within 2-3 weeks. When completing this form, please print, using block capital letters in black ink. For example:

| A | B | C | D | E | F | G | H |

Section I - Employer and Representative Information

Employer Legal Name

Employer ID

Plant Number (If none, please leave blank.)

Employer Phone Number

Agent Name

Agent ID

Agent Phone Number

Agent Address Line 1 - Enter street address or P.O. box information here (for example, 123 Main St., P.O. Box 123.)

Agent Address Line 2 - Enter secondary address information here (for example, STE 123, APT A, 1st FL. If none, please leave blank.)

City

State   ZIP   Country

Province - International addresses only

Postal Delivery Code – International addresses only

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JFS 20106 (Rev. 12/2022)

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Section II - Assign Roles and Responsibilities

To give a new agent access to your account, check the role(s) you want the agent to have and enter the "Access Begin Date" (must be the beginning of a quarter for "Wage Submission") and "Access End Date" (optional) for the selected roles.

For all roles except "Wage Submission," once an end date is entered, the agent will no longer have access to those roles after the "Access End Date" provided. If no end date is entered, the access will continue indefinitely.

For "Wage Submission," the dates of access will allow the agent to update your wage records for all quarters within the access dates, regardless of the current date. For example, if you give an agent access for the first quarter of the year, the agent will be able to access the wage records for that quarter at any time. If you wish to completely remove access for the agent, which would prevent them from accessing quarters they were previously authorized for, select the "Remove Access" box for the agent.

You cannot grant two agents access to the same role during the same time period. If you want to change agents, you must remove the role from the existing agent by entering an "Access End Date."

1a. To what role does the authorization or dissolution selected in Section II apply?
(Please check all that apply.)

☐ Wage Submission

☐ Payment Submission

☐ Account Maintenance Updates

☐ Appeals

☐ Tax Rates

1b. For the roles selected in question 1a, provide "Access Begin Date" and "Access End Date" (Optional)

Access Begin Date

[ ] / [ ] / [ ]

Access End Date

[ ] / [ ] / [ ]

☐ Remove Access

Section III - Signature

I hereby acknowledge that by signing this document I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative indicated in Section III, including, but not limited to:

1. Notification required by Section 4141.26;
2. Injury caused by untimely appeal.

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

Employer Signature
NOTE: Must be owner, partner, member, or corporate officer

Title:

Date:

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