

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

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



FOR 0006

EMPLOYER'S REPRESENTATIVE AUTHORIZATION

To immediately authorize a representative (third party administrator, accountant, payroll company, etc) to act on your behalf or to receive correspondence regarding your account immediately, please visit our website at <http://unemployment.ohio.gov> anytime of the day or night. 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

NOTE: To notify ODJFS that you have given power of attorney to another individual, please complete a Power of Attorney form (JFS 20107).

Employer Name

Grid for Employer Name: 3 rows of 20 boxes each.

Employer Account Number

Grid for Employer Account Number: 8 boxes - 2 boxes - 2 boxes

Plant Number (If none, please leave blank)

Grid for Plant Number: 4 boxes

Employer Phone Number

Grid for Employer Phone Number: 3 boxes - 3 boxes - 4 boxes

Representative or Third Party Administrator Name

Grid for Representative Name: 20 boxes containing "D A V I D S T R I C K L A N D"

Representative or Third Party Administrator Number

Grid for Representative Number: 8 boxes containing "4 7 - 4 4 1 3 1 7 5"

Representative or Third Party Administrator Phone Number

Grid for Representative Phone Number: 10 boxes containing "8 7 7 - 3 2 8 - 6 5 0 5"

Representative Address Line 1 - Enter street address or PO Box information here (ie, 123 Main St, PO BOX 123, etc.).

Grid for Representative Address Line 1: 20 boxes containing "1 2 3 0 P e a c h t r e e S t N E"

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

Grid for Representative Address Line 2: 20 boxes containing "S u i t e 1 2 5 0"

City

Grid for City: 20 boxes containing "A t l a n t a"

State

Grid for State: 2 boxes containing "GA"

ZIP

Grid for ZIP: 7 boxes containing "3 0 3 0 9 -"

Country

Grid for Country: 10 boxes containing "USA"

Province - International addresses only

Grid for Province: 10 boxes

Postal Delivery Code - International addresses only

Grid for Postal Delivery Code: 6 boxes



Section II - Authorization for Representation or Dissolution of Representation

I hereby authorize the Ohio Department of Job and Family Services to allow the above named representative to act on my behalf for all matters pertaining to the service function(s) identified in Section III.

NOTE: If correspondence should be sent on a regular basis to the Representative, please choose representative for question #1.b in Section III.

I am hereby notifying the Ohio Department of Job and Family Services that I wish to dissolve my relationship with the above named representative. The Ohio Department of Job and Family Services should no longer allow the above named representative to act on my behalf for matters pertaining to the service function(s) identified in Section III or send them any information pertaining to my account.

Section III - Service Function and Correspondence

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

- Tax Manage Account Demographics
- Tax Manage Account Status
- Tax Reporting and Payments
- Tax Monetary Transactions
- Tax Appeals and Waivers
- Tax Audits

1.b For the service function(s) selected in question #1 a, where should the correspondence be sent on a regular basis?
(Choose only one per service function)

- | | |
|--|--|
| <input type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |

Section IV - Signature

I hereby acknowledge that by signing this document that 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 as 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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Please return this page when mailing.

