

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. It must match the records we have on file for your business. ***Employers must have an actual ESD account number issued and listed on this form in order to submit for processing.**

Section 1 – Employer information

Business name: _____ ESD number*: _____

Business phone number: _____ EIN: _____

Mailing address line 1: _____ UBI number: _____

Mailing address line 2: _____

City: _____ State: _____ Zip code: _____

Employer contact name and title: _____

Contact phone number: _____

Contact email: _____

Section 2 – Representative for Tax purposes

Representative EIN (required): _____

Representative organization name: _____

Mailing address line 1: _____

Mailing address line 2: _____

City: _____ State: _____ Zip code: _____

Representative contact name: _____

Contact phone number: _____

Contact fax number: _____

Contact email: _____

Section 3 – Confidential tax information

Authorizations: Please select 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 select the address ESD should use when mailing tax documents. (mark ONLY ONE)

- Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- Representative's address in section 2 above

Mailing billings:

Please select the address ESD should use when mailing billings and payment notices. (mark ONLY ONE)

- Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- Representative's address in section 2 above

Section 4 – Representative for Benefits purposes

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

Representative EIN (required): _____

Representative organization name: _____

Mailing address line 1: _____

Mailing address line 2: _____

City: _____ State: _____ Zip code: _____

Representative contact name: _____

Contact phone number: _____

Contact fax number: _____

Contact email: _____

Section 5 – Confidential benefits information

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

- Benefits 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 documents:

Please select the address ESD should use when mailing benefit documents. (mark ONLY ONE)

- Employer's mailing address on record. (Use the *Business Change Form* to report any change of business address.)
- Representative's mailing address in Section 2 on the first page
- Representative's mailing address in Section 4 above

Effective Date:

Your authorizations selected will remain in effect as of the beginning authorization date until you revoke them in writing.

Beginning 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.

Governing person signature: _____ Date: _____

Name of signee: _____ Title: _____

If you have questions, please contact the Registration Unit at 855-829-9243.

Please sign this form and fax to 800-794-7657, email to uifiles@esd.wa.gov, or mail to:
Employment Security Department, Registration Unit, P.O. Box 9046, Olympia, WA 98507-9046