

DIVISION OF UNEMPLOYMENT INSURANCE Employer Status Unit 1100 North Eutaw Street, Room 415 Baltimore, MD 21201

## 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:		
	Reportin	ng Agent		
1.	Maryland Unemployment Insurance Agent Number:			
2.	Name of Reporting Agent:			
3.	Address:			
4.	Telephone Number:			
	<u>Author</u>	<u>rization</u>		
Che	eck the authorization that is granted to the Reporting Ag	gent. (Check all that app	ly.)	
	Authorization Type	Communication Preference (US Mail / Email / Text)	Details (Mailing address / Email / Phone number)	
	Submit original and amended wage reports on behalf of the employer.	BEACON Inbox	See inbox for correspondence	
	Submit payments on behalf of the employer/taxpayer.	BEACON Inbox	See inbox for correspondence	
	Make account maintenance updates on behalf of the employer.			
	Access benefit charges and receive benefit charge statements on behalf of the employer.			
	Manage wage and separation requests on behalf of the employer, including receipt of notices regarding wage and separation issues.			
	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.			
	All of the above			

Revoke a previous Power of Attorney authorization.



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Effective Date of Authorization:		_			
End Date of Authorization (if applicable):		<del>_</del>			
Signate	ure 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				