DIVISION OF UNEMPLOYMENT INSURANCE
100 South Charles Street, Tower I,
Baltimore, MD 21201

EMPLOYER POWER OF ATTORNEY AUTHORIZATION FORM DESIGNATING AGENT

Please submit this form in BEACON or by mail (to the address above). For details, see the Designating a Power of Attorney instructions (on MDunemployment.com).

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

1. Maryland Unemployment Insurance Agent Number: _____
2. Name of Reporting Agent: _____
3. Address: _____
4. Telephone Number: _____ Email address: _____

Authorization

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

	Authorization Type	**Communication Preference** (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.

Effective Date of Authorization: _____

End Date of Authorization (if applicable): _____

Signature and Acknowledgment

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