

EMPLOYER POWER OF ATTORNEY AUTHORIZATION FORM DESIGNATING AGENT

Please submit this form in BEACON. 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 (US Mail / Email / Text)	Details (Mailing address / Email / Phone number)
<input type="checkbox"/>	Submit original and amended wage reports on behalf of the employer.	BEACON Inbox	See inbox for correspondence
<input type="checkbox"/>	Submit payments on behalf of the employer/taxpayer.	BEACON Inbox	See inbox for correspondence
<input type="checkbox"/>	Make account maintenance updates on behalf of the employer.		
<input type="checkbox"/>	Access benefit charges and receive benefit charge statements on behalf of the employer.		
<input type="checkbox"/>	Manage wage and separation requests on behalf of the employer, including receipt of notices regarding wage and separation issues.		
<input type="checkbox"/>	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.		
<input type="checkbox"/>	All of the above		

Revoke a previous Power of Attorney authorization.

Effective Date of Authorization: _____

End Date of Authorization (if applicable): _____

Signature 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