

**Maryland Department of Labor  
Division of Unemployment Insurance  
Power of Attorney/Authorization Form**

**Employer/Taxpayer**

1. Maryland Unemployment Insurance Employer ID: \_\_\_\_\_
2. Federal Employer Identification Number: \_\_\_\_\_
3. Name of Employer/Taxpayer: \_\_\_\_\_
4. Address: \_\_\_\_\_  
\_\_\_\_\_

**Reporting Agent**

1. Name of Reporting Agent: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Telephone Number: \_\_\_\_\_

**Authorization**

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

1.  Sign, date, and submit original and amended wage reports on behalf of the employer.
2.  Submit payments on behalf of the employer/taxpayer.
3.  Make account maintenance updates on behalf of the employer.
4.  Access benefit charges and receive benefit charge statements on behalf of the employer.
5.  Manage wage and separation requests on behalf of the employer, including receipt of notices regarding wage and separation issues.
6.  File appeals on behalf of the employer.

**Effective Date of Authorization:** \_\_\_\_\_

**End Date of Authorization (if applicable):** \_\_\_\_\_

**Name and Signature of Employer/Taxpayer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit to:      Email: [DLuimpoa-dllr@maryland.gov](mailto:DLuimpoa-dllr@maryland.gov)

Refer Questions to 410-767-2414