

## 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.

POA Authorization date: \_\_\_\_\_

Is your representative part of SIDES? If yes provide their Broker # \_\_\_\_\_

**I, the undersigned, declare under the penalties of perjury that I am the business owner, officer, or authorized employee approved to represent this employer 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.**

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ 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](mailto:uifiles@esd.wa.gov), or mail to:  
Employment Security Department, Registration Unit, P.O. Box 9046, Olympia, WA 98507-9046