

Department of Labor, Licensing and Regulation  
Division of Unemployment Insurance  
Power of Attorney Authorization Form

**Employer/Taxpayer**

1. Maryland Unemployment Insurance Account Number: \_\_\_\_\_
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.  File, sign and date the quarterly unemployment insurance contribution/employment report
2.  Make payments on behalf of the employer/taxpayer
3.  Receive and respond to confidential information regarding quarterly contributions and tax rates.
4.  Receive and respond to confidential information regarding unemployment insurance claims filed by employees of the employer/taxpayer

**Effective Date of Authorization**

\_\_\_\_\_

**Name and Signature of Employer/Taxpayer**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Submit to: Maryland Unemployment Insurance  
Employer Status Unit  
1110 N. Eutaw St., Room 409  
Baltimore, Maryland 21201

Refer Questions to: 410-767-3223  
FAX: 410-767-2848  
Email: status@dllr.state.md.us