OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. BOX 182404 Columbus, Ohio 43218-2404 (614) 466-2319 http://unemployment.ohio.gov



FOR 0006

EMPLOYER'S REPRESENTATIVE AUTHORIZATION

To immediately authorize a representative (third party administrator, accountant, payroll company, etc) to act on your behalf or to receive correspondence regarding your account immediately, please visit our website at <u>http://unemployment.ohio.gov</u> anytime of the day or night. If you prefer, you may submit your information by completing this form and your account will be updated within 2-3 weeks. When completing this form, please print using block capital letters in black ink. For example: A B C D E F G H

Section I - Employer and Representative Information

NOTE: To notify ODJFS that you have given power of attorney to another individual, please complete a Power of Attorney form (JFS 20107).

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Section II - Authorization for Representation or Dissolution of Representation

Section III - Service Function and Correspondence

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X	Tax Manage Account Demographics	Employer	Representative or Third Party Administrator
X	Tax Manage Account Status	X Employer	Representative or Third Party Administrator
X	Tax Reporting and Payments	Employer	Representative or Third Party Administrator
X	Tax Monetary Transactions	Employer	Representative or Third Party Administrator
X	Tax Appeals and Waivers	Employer	Representative or Third Party Administrator
X	Tax Audits	Employer	Representative or Third Party Administrator

Section IV - Signature

I hereby acknowledge that by signing this document that I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative as indicated in Section III, including but not limited to:

- 1. Notification required by Section 4141.26
- 2. Injury caused by untimely appeal

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

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Employer Signature

NOTE Must be owner, partner, member or corporate officer

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Date:						
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Please return this page when mailing.

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