# **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

	b For the service function(s) selected in question #1 a, where should the correspondence be sent on a regular basis? (Choose only one per service function)								
Tax Manage Account Demographics	Representative or Third Party Administrator								
Tax Manage Account Status	Representative or Third Party Administrator								
Tax Reporting and Payments	Representative or Third Party Administrator								
Tax Monetary Transactions	Representative or Third Party Administrator								
Tax Appeals and Waivers	Representative or Third Party Administrator								
Tax Audits Employer	Representative or Third Party Administrator								

### **Section IV - Signature**

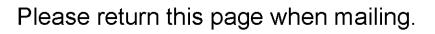
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I hereby acknowledge that by signing this document that I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned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

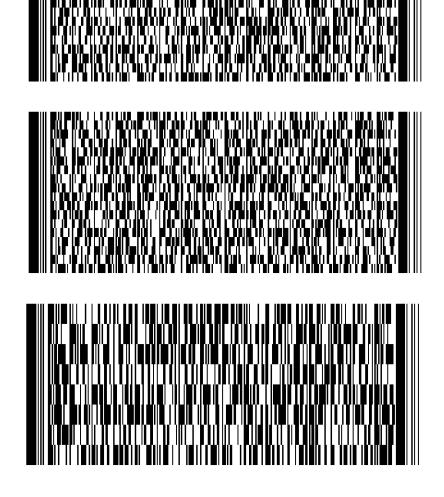
- 1. Notification required by Section 4141.26
- 2. Injury caused by untimely appeal

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.

#### Employer Signature



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