

Maryland Department of Labor
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: Paychex, Inc.
2. Address: _____
1175 John Street, West Henrietta, NY 14586
3. Telephone Number: 585-336-7600

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
1100 N. Eutaw St., Room 300
Baltimore, Maryland 21201

Refer Questions to: 410-767-2414
FAX: 410-767-2848
Email: DLuitaxstatus-dllr@maryland.gov