

# 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 <http://unemployment.ohio.gov> 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).

Employer Name

COMPANY LEGAL NAME

Company Legal Address

CITY, State Zip Code

Employer Account Number

9999999-99-9

Plant Number (If none, please leave blank)

Employer Phone Number

(999) 999-9999

Representative or Third Party Administrator Name

Computing Resources, Inc.

Representative or Third Party Administrator Number

6000000481

Representative or Third Party Administrator Phone Number

888 927-7478

Representative Address Line 1 - Enter street address or PO Box information here (ie, 123 Main St, PO BOX 123, etc.).

6884 Sierra Center Parkway

Representative Address Line 2 - Enter secondary address information here (ie, STE 123, APT A, 1st FL, etc.). If none, please leave blank.

City

Reno

State

NV

ZIP

89511

Country

USA

Province - International addresses only

Postal Delivery Code - International addresses only

### Section II - Authorization for Representation or Dissolution of Representation

I hereby authorize the Ohio Department of Job and Family Services to allow the above named representative to act on my behalf for all matters pertaining to the service function(s) identified in Section III.

**NOTE:** If correspondence should be sent on a regular basis to the Representative, please choose representative for question #1.b in Section III.

I am hereby notifying the Ohio Department of Job and Family Services that I wish to dissolve my relationship with the above named representative. The Ohio Department of Job and Family Services should no longer allow the above named representative to act on my behalf for matters pertaining to the service function(s) identified in Section III or send them any information pertaining to my account.

### Section III - Service Function and Correspondence

1.a To what service function(s) does the authorization or dissolution selected in Section II apply?  
(Please check all that apply)

- Tax Manage Account Demographics
- Tax Manage Account Status
- Tax Reporting and Payments
- Tax Monetary Transactions
- Tax Appeals and Waivers
- Tax Audits

1.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)

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> Representative or Third Party Administrator |
| <input checked="" type="checkbox"/> Employer | <input type="checkbox"/> 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.

Employer Signature  
**NOTE** Must be owner, partner, member or corporate officer

Primary Principal Signature

Title:

Title

Date:

MM/DD/YYYY