

Third Party Authorization Form

to receive and respond to forms and/or discuss UI matters

Employer

Montana UI Employer Account Number	Federal ID Number
Owner/Officer/Partner Name	Doing Business As
Mailing Address (Street or PO Box)	City, State Zip Code
Telephone Number ()	Fax ()

Third Party Agent

Authorized Third Party Agent	Federal ID Number
Begin Authority As Of (date)	Email Address
Mailing Address (Street or PO Box)	City, State Zip Code
Telephone Number ()	Fax ()

Consent and Signature of Employer/Taxpayer:

I hereby certify the Montana Department of Labor & Industry Unemployment Insurance Division is authorized to direct mail to and/or receive responses from, and/or discuss with the above-named authorized third party agent the following (**initial** all that apply):

- Receive, respond to and/or discuss UI tax rate notice**
- Receive, respond to and/or discuss other UI tax information**, including, but not limited to:
- Discuss adjustments to client accounts, reimbursement in lieu of contributions, etc.
 - Receive UI5 Quarterly Wage Report
 - Receive monthly account statements, delinquent notices, registration related forms, credit memos and other UI tax related correspondence (except rate notices).
- Receive and discuss:**
- Quarterly UI Benefit Charge Notices, or
 - Monthly Reimbursable Charge Notices
- Receive, respond to and/or discuss benefit claim information**, including, but not limited to:
- Benefits Claims Separation Notices
 - Potential Benefit Charge Notices

I relieve the Department and their representatives of any liability related to release of such information to the above-named authorized third party agent. I understand this authorization does not absolve me, as the employer/taxpayer, of the responsibility to ensure all taxes, tax reports and/or other UI notices are filed and/or paid timely and accurately. Any authorization granted remains in effect until revoked in writing by the taxpayer or the third party agent.

The person completing this section and signing below must have legal authority to bind the business. Persons may include the owner, corporate officer, partner, managing member, Chief Financial Officer, Chief Executive Officer, or a fiduciary of a trust or estate.

I certify I have the legal authority to execute this form and authorize disclosure of information noted above:			
PRINTED NAME & TITLE of Authorized Person		PRINTED NAME of Witness to Authorized Person (Required)	
SIGNATURE of Authorized Person	DATE	SIGNATURE of Witness (Required)	DATE