

Third Party Authorization Form for uieservices.mt.gov Access

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 ()	Email Address

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 ()	Email Address

Consent and Signature of Employer/Taxpayer:

I hereby certify the Montana Department of Labor & Industry Unemployment Insurance Division is authorized to grant the following level of access to my UI Contributions (tax) account via *UI eServices for Employers* (uieservices.mt.gov):

- View Only** - Limited viewing of UI tax information. Includes viewing of filed quarterly reports, rate history information, and general activity history. Also includes the ability to send and receive secure messages to/from Montana UI Staff and the ability to upload bulk reporting files or submit fiscal rate exchange files.
- File Only** - Includes limited access of View Only and the ability to file UI quarterly reports.
- Pay Only** - Includes limited access of View Only and the ability to make payments on UI tax, penalty, or interest.
- File & Pay** - Includes limited access of View Only and the ability to both file quarterly reports and make payments.
- Full Access** - Expanded viewing of UI tax related information, including benefit charge information and correspondence sent. Ability to file quarterly reports, make payments, update demographic information, send/receive messages, and submit requests for refunds and/or waivers of penalty and interest.

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