

WE ARE YOUR DOL



Unemployment Insurance Online Services UI Employer Information Access and Transaction Authorization Form

This is not a power of attorney. Do not mail this form to the Labor Department.

Part 1 – Employer Information

Employer EIN	Employer Registration Number
Legal Name of Business	

Part 2 – Representative Information

Representative's Firm Name (or individual's name if self employed)
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Part 3 – Unemployment Insurance Matters Covered by this Authorization

The representative is authorized to perform Unemployment Insurance (UI) Information Business Services for the employer as a filing agent. The representative/filing agent is authorized to access the Unemployment Insurance Employer Information page and is authorized to access the employer's UI information and provide the following services through the UI Online Services website:

- File an NYS-45
- Wage Reporting Upload
- Change Business Address/Phone Number
- File an NYS-1

Part 4 – Signature

By signing below, I certify that I act on the employer's behalf as a:

- Corporate officer
- Partner (not a limited partner)
- Member or manager of a limited liability company

I have the authority to execute this authorization for the employer.

I understand and agree that by signing and giving this form to the employer's representative:

- I authorize the representative to access the employer's Unemployment Insurance Online Services account information
- I authorize the representative to file returns and make payments online and to use this signed authorization as the employer's signature on transactions

If performing the above functions requires electronic fund transfers, I further:

- Authorize the New York State Department of Labor, and its designated agents, to take the money from the financial institution account indicated in the transaction and allow that financial institution to debit the entry to the employer's account
- Understand and agree that I must check, on a timely basis, such online transactions as the employer's representative may initiate and verify that they are true, correct, and complete

I understand and agree that I can revoke the representative's access and authority to make employer transactions at any time.

Signature _____ Date _____

Retention Information

The representative must keep a copy of this authorization form for the length of the authorization plus three years.

No Revocation of Prior UI Contributions Information Authorization(s)

Executing and providing this authorization to the representative does not cancel any prior authorizations that have been made.