

Maryland UI- POA Guideline

Revised: 04/22/2021

Maryland Department of Labor requires a signed POA Authorization Form to be completed, signed and on file in the BEACON System in order for ADP to act on behalf of the employer and/or take any actions on their account. It is necessary to obtain this from employers when they are a new client to ADP, LLC or existing ADP client that will be doing business in Maryland and did not previously have an RAA grandfathered into the BEACON System.

**POWER OF ATTORNEY AUTHORIZATION FORM**

**Employer/Taxpayer/Partnership**

- 1. Maryland Unemployment Insurance Account Number: [Redacted]
- 2. Federal Employer Identification Number: [Redacted]
- 3. Name of Employer/Taxpayer: [Redacted]
- 4. Name of Partnership: [Redacted]
- 5. Address: [Redacted]

**Required Fields:** MD UI Account number, FEIN, Employer Name, Partnership Name, Address.

**Reporting Agent**

- 1. Name of Reporting Agent: ADP Tax Services, Inc., a wholly-owned subsidiary of ADP, Inc.
- 2. Address: 400 W. Covina Blvd. San Dimas, CA 91773
- 3. Telephone Number: (877) 706-0510 Email address: tfsagency.commteam@adp.com

**Required Fields:** Fill out ADP info as shown.

**Required Fields:** Please give ADP appropriate authorizations depending on services. Not giving ADP proper authorizations may result in limitations to act on employer's behalf with agency.

**Authorization**

Check the authorization that is granted to the Reporting Agent. (Check all that apply.)

- 1.  Sign, date, and submit original and amended wage reports on behalf of the employer.
- 2.  Submit payments on behalf of the employer/taxpayer.
- 3.  Make account maintenance updates on behalf of the employer.
- 4.  Access benefit charges and receive benefit charge statements on behalf of the employer.
- 5.  Manage wage and separation requests on behalf of the employer, including receipt of notices regarding wage and separation issues.
- 6.  File appeals on behalf of the employer.
- 7.  Revoke a previous Power of Attorney authorization.

**Required Fields:** Select Authorization boxes 1 and 2.

**Effective Date of Authorization:** [Redacted]

**End Date of Authorization (if applicable):** [Redacted]

**Required Fields:** Add appropriate Start Date, leave End Date blank.

**Name and Signature of Representative of Employer/Taxpayer/Partner**

I am authorizing the Maryland Division of Unemployment Insurance to disclose otherwise confidential tax information to the Reporting Agent relating to the Authorization granted above, including any disclosure required to process this form.

Full Name	Title
Signature	Date

**Required Field:** Name, Title, Signature and Date.

**NOTE:** When uploading the completed POA into BEACON, employers MUST have the ADP Agent ID in order to add ADP as an authorized representative. **ADP's Agent ID for MD is MD1L4S.**