



# Confidential Tax Information Authorization

## I authorize the Department of Revenue to share my confidential tax information as indicated.

Use this form to authorize the Department of Revenue to share your confidential tax information with a third party. You can also use this form to authorize the Department to send confidential tax information using regular (unsecure) fax or email.

### 1. My information (This information will not be used to update your business record.\*)

Taxpayer or business name \_\_\_\_\_

Account ID/UBI number \_\_\_\_\_ Phone \_\_\_\_\_

Mailing address \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

\*To update your business record, go to <http://dor.wa.gov> and log in to your account.

### 2. Share my confidential tax information with the individual(s)/company listed below.

If you are not authorizing a third party, go to step 3. If you are authorizing an entire company or a Legislator's office, add the words "and staff." If authorizing specific people, add additional name(s) in the *Authorized names/email section*.

Individual or company name The Hagen Firm, PLLC

Mailing address 110 Third Ave N, Suite 201 City Edmonds ST WA Zip 98020

Phone 425-771-5556 Fax 425-771-2052 Email accounting@hagenfirm.com

#### Place an X in the appropriate box below:

- ☐ Any information for any reporting period.
- ☐ Any information for this reporting period month/quarter and year to month/quarter and year
- ☐ Only listed information for this reporting period month/quarter and year to month/quarter and year

Information to be shared

#### Authorized names/email section

danielle@hagenfirm.com

accounting@hagenfirm.com

### 3. Send my confidential tax information by regular email or fax.

I am aware of the Department's secure message system described on page 2. I know regular email and fax are not as secure, and confidential information may be intercepted by unauthorized persons. I accept these conditions and waive any violation of the Secrecy Clause resulting from use of unsecured email or fax. (RCW 82.32.330)

- ☐ By checking this box, I authorize the Department to send my confidential tax information using regular email or fax.

### 4. My signature

I declare, under penalty of perjury, that I am authorized to sign this form. I am listed as the real property owner or as the business owner, partner, corporate officer, or LLC member or manager in official records held by Washington State, or I have attached documentation (e.g., power of attorney, annual report, executor) that grants me the authority to sign.

Taxpayer signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Print name \_\_\_\_\_ City and state where signed \_\_\_\_\_

**This authorization remains in effect until revoked in writing by either party.** Keep a copy for your files. To revoke this authorization, write "Revoke" across the front of this form and return it to the Department as indicated in step 5.

### 5. Fax to (360) 705-6175, email to [DORTAATaxIn@dor.wa.gov](mailto:DORTAATaxIn@dor.wa.gov) or mail to address on back.

For tax assistance or to request this document in an alternate format, visit <http://dor.wa.gov> or call 1-800-647-7706. Teletype (TTY) users may use the Washington Relay Service by calling 711.

ATTN: \_\_\_\_\_

See instructions on page 2.

\*\*If you are authorizing for Collections or Audit purposes (not claims), [click here](#) to file a separate application.

Labor & Industries  
Employer Services  
PO BOX 44140  
Olympia, WA 98504-4140  
Fax: 360-902-4988  
[QuarterlyFiling@lni.wa.gov](mailto:QuarterlyFiling@lni.wa.gov)



QUARTERLY REPORT  
THIRD PARTY REPRESENTATIVE  
(TPR) AUTHORIZATION

**EMPLOYER INFORMATION**

Complete this section if you authorize Labor & Industries to share information regarding your quarterly filing, and accept and process quarterly reports submitted by the following company (e.g. accountant, payroll provider, etc.) on behalf of your firm.

Business Name	Business Contact Name
UBI Number (9-digit)	Account ID (8-digit)
Address	Phone Number
	Fax Number
City, State Zip	E-mail Address

**THIRD PARTY REPRESENTATIVE (TPR) INFORMATION**

TPR Business Name The Hagen Firm, PLLC	Authorized Contact Name Danielle Newbould
UBI Number (9-digit) 601920738	Phone Number 425-771-5556
Address 110 Third Ave N, Suite 201	Fax Number 425-771-2052
City, State Zip Edmonds, WA 98020	E-mail Address danielle@hagenfirm.com or accounting@hagenfirm.com

**EFFECTIVE DATE**

Enter the effective date that you want your quarterly report to be processed by your requested representative. If you are changing representatives, this is the effective date you designate the TPR listed above. If effective date is left blank, the date signed below will be used as the effective date.

\_\_\_\_\_  
Effective Date

**Employer's signature below authorizes Labor & Industries to communicate about, accept and process the Quarterly Report form within the provisions listed above.**

\_\_\_\_\_  
Printed Business Name

\_\_\_\_\_  
Employer Signature (must be original signature) and Date

\_\_\_\_\_  
Employer Printed Name

## Power of Attorney for Unemployment Insurance

This authorization allows the Employment Security Department to send or share confidential information about your unemployment insurance account with your designated representative. Please complete all information below. It must match the records we have on file for your business. **\*Employers must have an actual ESD account number issued and listed on this form in order to submit for processing.**

### Section 1 – Employer information

Business name: \_\_\_\_\_ ESD number\*: \_\_\_\_\_  
Business phone number: \_\_\_\_\_ EIN: \_\_\_\_\_  
Mailing address line 1: \_\_\_\_\_ UBI number: \_\_\_\_\_  
Mailing address line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Employer contact name and title: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_  
Contact email: \_\_\_\_\_

### Section 2 – Representative for Tax purposes

Representative EIN (required): 91-1942431  
Representative organization name: The Hagen Firm, PLLC  
Mailing address line 1: 110 Third Ave N, Suite 201  
Mailing address line 2: \_\_\_\_\_  
City: Edmonds State: WA Zip code: 98020  
Representative contact name: Danielle Newbould  
Contact phone number: 425-771-5556  
Contact fax number: 425-771-2052  
Contact email: danielle@hagenfirm.com or accounting@hagenfirm.com

### Section 3 – Confidential tax information

**Authorizations:** Please select the boxes that indicate how much authority you'd like to give your representative.

- ☐ Unemployment insurance tax reports and amendments
- ☐ Tax payments and billing statements
- ☐ Electronic access to information as available
- ☐ Audit of unemployment insurance taxes
- ☐ Enter into agreements
- ☐ Represent and make oral or written presentations of fact and/or argument

#### Mailing tax documents:

Please select the address ESD should use when mailing tax documents. (mark ONLY ONE)

- ☐ Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- ☐ Representative's address in section 2 above

#### Mailing billings:

Please select the address ESD should use when mailing billings and payment notices. (mark ONLY ONE)

- ☐ Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- ☐ Representative's address in section 2 above

**Section 4 – Representative for Benefits purposes**☐ Same as above. (Skip this section if checked.)

Representative EIN (required): \_\_\_\_\_

Representative organization name: \_\_\_\_\_

Mailing address line 1: \_\_\_\_\_

Mailing address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Representative contact name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact fax number: \_\_\_\_\_

Contact email: \_\_\_\_\_

**Section 5 – Confidential benefits information****Authorizations:** Please select the boxes that indicate how much authority you'd like to give your representative.

- ☐ Benefits charges
- ☐ Benefit claims
- ☐ Electronic access to information as available
- ☐ Enter into agreements
- ☐ Represent and make oral or written presentations of fact and/or argument

**Mailing benefit charge statements:**Please select the address ESD should use when mailing benefit documents. (mark **ONLY ONE**)

- ☐ Employer's mailing address on record. (Use the *Business Change Form* to report any change of business address.)
- ☐ Representative's mailing address in Section 2 on the first page
- ☐ Representative's mailing address in Section 4 above

**Effective Date:**Your authorizations selected will remain in effect as of the beginning authorization date until you revoke them in writing.

Beginning authorization date: \_\_\_\_\_

**I, the undersigned, declare under the penalties of perjury that I am the business owner or officer duly authorized to represent this account and further declare that the information submitted has been examined by me and that the matters and statements set forth are true, correct and complete.**

Governing person signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of signee: \_\_\_\_\_ Title: \_\_\_\_\_

If you have questions, please contact the Registration Unit at 360-902-9360.

Please sign this form and fax to 800-794-7657, email to [uifiles@esd.wa.gov](mailto:uifiles@esd.wa.gov), or mail to:

Employment Security Department, Registration Unit, P.O. Box 9046, Olympia, WA 98507-9046

**Paid Family and Medical Leave power of attorney**

This authorization allows the Employment Security Department to send and share confidential Paid Family and Medical Leave information about the business listed with the designated representative, known as the employer agent (“agent”) below.

*By law, the employer is liable for all acts taken or failure to act by the agent on the employer’s behalf for any delegated roles assigned to the agent (WAC 192-500-015).*

**Both the employer and agent must complete and sign this form. All fields are required unless otherwise specified.**

<b>Section One: Employer Information</b>	
Legal entity name:	
Unified Business Identifier number (UBI):	
Contact phone:	Contact email:
<b>Section Two: Agent Information</b>	
<i>Note: Agents must register with Paid Family and Medical Leave to receive an employer agent ID. Go to <a href="https://paidleave.wa.gov">paidleave.wa.gov</a> to log in and create your account.</i>	
Legal entity name:	
Employer Identification Number (EIN):	
Employer agent ID (optional):	
<b>Section Three: Authorizations</b>	
<i>Check the box(es) below indicating the level of authority you wish to grant to the agent; authority will cover any correspondence related to these roles.</i>	
<input type="checkbox"/> <b>Wage reporting</b> (filing quarterly wage reports)	
<input type="checkbox"/> <b>Wage amendments</b> (review wage detail history and make amendments)	
<input type="checkbox"/> <b>Payments</b> (view billing statements and make payments)	
<input type="checkbox"/> <b>Audits</b> (participate in Paid Family and Medical Leave audits)	
<input type="checkbox"/> <b>Appeals and agreements</b> (enter into agreements and make oral or written presentation of fact and argument)	

Section Four: Effective Dates and Signatures

If you do not provide an end date for this agreement, the authorizations listed will remain in effect until revoked in writing or through an alternate method authorized by the commissioner.

Effective start date:	Effective end date (optional):
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I, the undersigned, declare under penalty of perjury under the laws of the State of Washington that I am the business owner or officer duly authorized to represent this account and further declare that the information submitted has been examined by me and that the matters and statements set forth are true, correct and complete.

Employer signature:	Date:
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Printed name:

Title:

I, the undersigned, declare under penalty of perjury under the laws of the State of Washington that I, and any delegated individual representing my agency, am duly authorized to represent this account. Further, I declare that the information submitted has been examined by me and that the matters and statements set forth are true, correct and complete.

Agent signature:	Date:
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Printed name:

Title: