

Mississippi Department of Employment Security Reporting Agent Authorization

Form J-9
(Rev. April 2011)
Mississippi Department of Employment Security

Taxpayer

1a Name of taxpayer (as distinguished from trade name)	2 Employer identification number (EIN)	
1b Trade name, if any	3 Mississippi SUTA identification number	
4 Address (Number, street, and room or suite no.)	5 Other identification number	
City or town, state, and ZIP code		
6 Contact person	7 Daytime telephone number ()	8 Fax number ()

Reporting Agent

9 Name of taxpayer (as distinguished from trade name)	10 Employer identification number (EIN)	
11 Trade name, if any	12 Mississippi SUTA identification number	
13 Address (Number, street, and room or suite no.)	14 Other identification number	
City or town, state, and ZIP code		
15 Contact person	16 Daytime telephone number ()	17 Fax number ()

Authorization of Reporting Agent to Sign and File Returns

18 Use the entry lines below to indicate the tax return(s) to be filed, or actions authorized, by the reporting agent. Enter the beginning quarter and year of the authorization. Once authority is granted, it is effective until revoked by the taxpayer or reporting agent.

- File Unemployment Tax Reports**
- Represent Taxpayer Regarding Unemployment Claims Related Matters**
- Authorization of Reporting Agent to Make Payments**
- Authorization of Reporting Agent to Represent Taxpayer during an MDES Compliance Audit**

Disclosure of Information to Reporting Agents

19 Initial here to authorize the reporting agent to receive or request copies of tax information and other communications from the MDES related to the authorization granted on line 18.

Revocation of Authorization of Reporting Agent

20 Check here to **revoke** the reporting agent to receive or request copies of tax information and other communications from the MDES related to the authorization granted on line 18.

- Revoked by Taxpayer**
- Revoked by Reporting Agent**

Authorization Agreement

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that payments are made. If line 18 is completed, the reporting agent named above is authorized to sign and file the return indicated beginning with the quarter and year indicated. Any authorization granted remains in effect until it is revoked by the taxpayer or reporting agent. I am authorizing the Mississippi Department of Employment Security to disclose otherwise confidential tax information to the reporting agent relating to the authority granted on line 15 including disclosures required to process Form J-9. Disclosure authority is effective upon signature of taxpayer and receipt, by Mississippi Department of Employment Security of Form J-9.

Sign Here	I certify I have the authority to execute this form and authorize disclosure of otherwise confidential information on behalf of the taxpayer.		
➔	_____	➔	_____
	Signature of Taxpayer		Title
		➔	_____
			Date