



**SOUTH CAROLINA
DEPARTMENT OF EMPLOYMENT
AND WORKFORCE**

P.O. Box 995 Columbia, SC 29202
803-737-2400 | www.dew.sc.gov

WRITTEN AUTHORIZATION

Please read the instructions following this form before completing. By completing this form, you are authorizing the South Carolina Department of Employment and Workforce (DEW) to disclose/discuss Unemployment Insurance (UI) related matters to your chosen agent. This form is only to be used to designate an agent. If you are attempting to add or remove authorized contact persons, **do not complete this form**. Please refer to the attached instructions for more information.

PART 1: EMPLOYER INFORMATION			
Name and Address: (if individual)	If a business entity, enter DBA, trade or assumed name:		
	FEIN:	DEW Account #:	
	Telephone Number (required):	Extension:	Fax Number:
	Email Address:		

PART 2: AGENT INFORMATION AND AUTHORIZATION DATES			
Your authorized agent may be an organization, firm, or individual. If your agent is not an individual, designate a contact person. Please ensure that you submit a separate form for each agent. (NOTE: Only one agent can occupy each role during any given time period.)			
Agent Name and Address	Contact Name (if applicable):		
	Agent FEIN (if any):	SUITS Agent Account #:	
	Telephone Number (required):	Extension:	Fax Number:
	Email Address:		
	Beginning Effective Date (required)*:	Ending Effective Date – (Optional)**:	

PART 3: TYPE OF AUTHORIZATION	
<input type="checkbox"/> GENERAL AUTHORIZATION	Authorizes my agent to: (1) submit wage reports, (2) submit payments and enter into payment agreements, (3) perform account maintenance updates, (4) submit and receive information related to UI benefits. This authorization applies to all tax and benefit related matters.
<input type="checkbox"/> LIMITED AUTHORIZATION	Select the type of authorization by checking the appropriate boxes to the right of each item listed below. You may check up to 3 boxes. If 4 boxes apply, please complete the 'General Authorization' above.
1. Wage Submission (Original and Amended)	<input type="checkbox"/>
2. Payment Submission and Payment Agreements.....	<input type="checkbox"/>
3. Account Maintenance Updates	<input type="checkbox"/>
4. Benefits (UI Benefit related matters).....	<input type="checkbox"/>

IMPORTANT: Completing this form will not change an employer's address of record. Address changes must be made through SUITS.

PART 4: AUTHORIZATION AND RELEASE FOR DISCLOSURE OF UI TAX AND/OR UI BENEFIT INFORMATION/RECORDS	
I understand that any information or records obtained by DEW in the administration of the Unemployment Insurance program is generally private and confidential pursuant to S.C. Code Ann. § 41-29-160 and 20 CFR Part 603, and may only be released for the purpose specified in this Written Authorization in accordance with state and federal law. By signing this Written Authorization, I am authorizing DEW to release the information specified to the authorized agent. I understand state government files will be accessed to obtain the information disclosed to the authorized agent. <u>I further understand that I am authorizing the appointed agent to act on behalf of the business to the fullest extent to which I could act if I were personally present in connection with the transactions authorized in Part 3 of this Written Authorization. I further declare the information submitted has been examined by me and I specifically authorize agent(s) to transact the above specified UI business with DEW.</u>	
Name (Print) _____	Title _____
Signature _____	Date _____ Phone No. _____
In order for this application to be processed, the signatory must be on file with DEW as a business owner, officer, partner or agent duly authorized to act on behalf of this employer.	

* If you are authorizing agent to submit wage reports, please note that DEW will make the effective date of that authorization retroactive to the beginning of the quarter in which the date you provide falls.
** If no "Ending Effective Date" is provided, the above-named agent will be authorized to represent you until you notify ETS in writing that you wish to change your agent.



EMPLOYER REPORT OF CHANGE TO ACCOUNT

Visit SUITS, DEW's online tax system at <https://uitax.dew.sc.gov>. For instructions on how to use SUITS, please visit <https://dew.sc.gov/suits>.

EMPLOYER INFORMATION

Business Name: _____ DEW Account Number: _____ FEIN: _____

CHANGES TO ACCOUNT

Effective Date of Changes being made (mm/dd/yyyy): _____

1. **Add/Remove Owner/Officer** (Individual changes within the organization which DO NOT change the entity.).

<u>Name</u>	<u>SSN</u>	<u>Title</u>	<u>Ownership %</u>	<u>Home Address</u>	<u>ADD or REMOVE</u>
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove
					<input type="checkbox"/> Add <input type="checkbox"/> Remove

2. **Change of Physical Location.**

Storefront/Physical Location

Job/Construction Site

Employee Residence

(Location Address)

(City)

(State)

(Zip Code)

3. **Change in Mailing Address.**

(Address or PO Box)

(City)

(State)

(Zip Code)

4. **Change in Legal Business Name to:** _____

Please attach the documents filed with the Secretary of State verifying change.

5. **Business in South Carolina continues in operation without employment.**

6. **Business in South Carolina suspended or entirely discontinued without successor.**

7. **Business in South Carolina acquired by successor.**

If you checked 5 through 7, please explain below:

I CERTIFY THAT THE INFORMATION ENTERED ON THIS FORM IS TRUE AND ACCURATE, AND THAT I AM AUTHORIZED BY THE NAMED EMPLOYING UNIT TO COMPLETE THIS REPORT. (In order for this form to be processed, the signatory must be on file with DEW as a business owner, officer, partner or agent duly authorized to act on behalf of this employer.)

Name (Print) _____ Title _____

Signature _____ Date _____ Phone No. _____