

# Instructions for Written Authorization Form (Form UCE-1010)

Complete and file a *Written Authorization* (Form UCE-1010) if you wish to appoint an individual, firm, or organization as your representative in unemployment insurance (UI) tax and/or benefit matters before the South Carolina Department of Employment and Workforce (DEW). **Without a completed form, DEW is prohibited from discussing or releasing your confidential employer information with anyone outside your Firm.**

## SECTION 1: EMPLOYER INFORMATION

Enter the employer's name, address, telephone number, fax number, and email address. If the taxpayer is a business operating under another name, enter dba, trade or assumed name. Enter the federal employer identification number (FEIN), any other applicable FEIN, and the DEW account number. If you do not have a DEW account number, please complete and submit Form UCE-151, Employer Status Report.

## SECTION 2: REPRESENTATIVE INFORMATION AND AUTHORIZATION DATES

You must submit a separate Written Authorization Form for each representative. Enter the authorized representative's telephone number, fax number, and email address. **If your representative is not an individual, please designate a contact person.** Make sure to indicate the beginning and ending dates of authorization. Provide the FEIN associated with the representative and the representative's DEW account number, if available. In addition, indicate whether the representative is a professional employer organization (PEO), certified public accountant (CPA), human resources specialist, bookkeeper, or other service provider. More than one box may be checked if applicable.

## SECTION 3: TYPE OF AUTHORIZATION

Check the **General Authorization** box to allow your representative to act on your behalf to do **all** of the following: (1) inspect and receive confidential information, (2) represent you and provide oral or written presentations of fact and/or argument during informal fact-finding, (3) sign reports, (4) enter into agreements, and (5) receive all mailings (includes forms, billings, and payment notices). **This General Authorization applies to all tax/non-tax matters and for all years or periods.**

You may restrict your representative's authorization to act on your behalf by checking the **Limited Authorization** box, and then checking the appropriate specific delegated powers. **The Limited Authorizations selected apply to all tax related/non-tax related matters and for all years or periods.** If all five boxes apply, complete the "General Authorization" section only. If you check the box for line five, you may select the category or categories of forms that you want mailed to the Authorized Agent indicated on this form. The categories of forms are: (1) UI Tax, (2) UI Benefits, or (3) All.

**MAIL RELATED TO THE APPLICABLE CATEGORIES WILL BE SENT ONLY TO THE ADDRESS YOU ENTER IN SECTION 2 OF THIS FORM.**

## SECTION 4: CHANGE IN REPRESENTATION AUTHORIZATION

Unless otherwise specified, this Written Authorization replaces and revokes any previous Written Authorization forms on file with DEW for the same tax matters identified on this form.

You must identify any previous authorizations that should remain in effect, and attach a copy of those authorizations to this form when filed.

## SECTION 5: CERTIFICATION AND SIGNATURE

Sign and date the form. NOTE: You must have authority to execute the Written Authorization on behalf of an employer.

## FILING WRITTEN AUTHORIZATION

To file this form, mail or fax it to:

DEW Employer Tax Services  
Status Unit  
PO Box 995  
Columbia, SC 29202

Fax: 803-737-2547 or email to: [registration@dew.sc.gov](mailto:registration@dew.sc.gov)

Questions regarding this form can be directed to the Employer Tax Services (ETS) at 803-737-3075.



South Carolina Department of Employment and Workforce  
P.O. Box 995  
Columbia, South Carolina 29202  
<http://www.dew.sc.gov>

## WRITTEN AUTHORIZATION

Complete this form if you wish to appoint someone to represent you with the State of South Carolina Department of Employment and Workforce on unemployment insurance (UI) related matters. **Please read the instructions on page 1 before completing this form.**

### SECTION 1: EMPLOYER INFORMATION.

Name and Address (if individual)	If a business, enter DBA, trade or assumed name.		
	Telephone Number (required)	Extension	Fax Number
	FEIN		DEW Account Number

Email Address (if applicable)

### SECTION 2: REPRESENTATIVE INFORMATION AND AUTHORIZATION DATES

Your authorized representative may be an organization, firm, or individual. If your representative is not an individual, designate a contact person. Please ensure that you submit a separate form for each representative.

Name and Address (if individual)	Contact Name (if applicable)	Email Address (if applicable)	
	Telephone Number (required)	Extension	Fax Number
	Beginning Authorization Date - Required	Ending Authorization Date - if applicable (mm/dd/yyyy)	
	Representative FEIN	Representative DEW Number	

This representative is a(n):  PEO  CPA  Human Resources  Bookkeeper  Other Service Provider

### SECTION 3: TYPE OF AUTHORIZATION

#### GENERAL AUTHORIZATION

Authorizes my representative to: (1) inspect or receive confidential information, (2) represent me and provide oral or written presentations of fact and/or argument during informal fact finding inquiries, (3) sign quarterly reports or registration reports, (4) enter into agreements, and (5) receive **ALL** mail from DEW (includes forms, billings and notices). This authorization applies to all tax related/non-tax related matters and all years or periods.

#### LIMITED AUTHORIZATION

Select the type of authorization by checking the appropriate box. You may check up to 4 boxes.

NOTE: If all 5 boxes apply, please complete the 'General Authorization' section above

1.  Inspect or receive confidential information
2.  Represent me and make oral or written presentation of fact or argument during informal fact finding inquiries
3.  Sign reports
4.  Enter into agreements
5.  Receive mail from DEW (including forms, billings and notices)

If the box for line 5 above is checked, please select the category or categories of forms that you want mailed to this representative. For the categories selected, DEW mail will be sent **ONLY** to the representative at the address indicated in Section 2.

Tax

UI Benefits

All

**SECTION 4: CHANGE IN AUTHORIZATION**

- CHANGE IN REPRESENTATION AUTHORIZATION:** This form replaces all earlier Authorization Forms except those attached on file for the same tax related/non-tax related matters and years, covered by this Authorization Form.
- REVOKE PREVIOUS AUTHORIZATION.** I revoke all Authorization Forms submitted and will represent myself in all tax and benefit matters.

**SECTION 5: CERTIFICATION AND SIGNATURE**

**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. I further declare the Contact(s) named above to be this account's lawful representative(s) in its relations with the South Carolina Department of Employment and Workforce, and specifically authorize said representative(s) to transact any and all business as between grantor of said authorization and said Department to do any and all acts necessary, excluding litigation in Department appeals. (NOTE: A representative may not file an appeal for an employing unit nor represent an employer in any administrative proceeding before the Department's Tribunal or Appellate Panel unless the representative is also an attorney licensed to practice law in South Carolina.) This Written Authorization shall be in full force and effect until the expiration date, if no expiration date is provided, until such time as a Revocation of Written Authorization revoking it is filed in the office of said Department at the address above. (Revocable by either party, the Employer or Representative)**

Employer signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name of signee: \_\_\_\_\_ Title: \_\_\_\_\_

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If you have questions, please contact the Status Unit at 803-737-3075. Please sign this form and fax to 803-737-2547 or email to: [registration@dew.sc.gov](mailto:registration@dew.sc.gov).