

Labor & Industries  
Employer Services  
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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 <i>(9-digit)</i> | Account ID <i>(8-digit)</i> |
| Address                     | Phone Number                |
|                             | Fax Number                  |
| City, State Zip             | E-mail Address              |

**THIRD PARTY REPRESENTATIVE (TPR) INFORMATION**

|                             |                         |
|-----------------------------|-------------------------|
| TPR Business Name           | Authorized Contact Name |
| UBI Number <i>(9-digit)</i> | Phone Number            |
| Address                     | Fax Number              |
| City, State Zip             | E-mail Address          |

**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