ARIZONA DEPARTMENT OF ECONOMIC SECURITY Employer Engagement Administration

BULK FILER APPLICATION

The Arizona UI Tax Reporting for Employers (AZURE) system allows employer account representatives, accounting firms, large employers (greater than 999 employees) and do-it-yourself filers using third-party vendors (all referred to as Bulk Filers) to electronically transmit quarterly Unemployment Tax & Wage Reports and payments for taxes due.

Filers who want to use the AZURE system must register to obtain approval as a Bulk Filer with the Arizona Department of Economic Security (ADES) by completing the Bulk Filer Application form and returning it to the ADES, Employer Registration Unit via any of the following methods:

Fax to: (602) 532-5539

E-mail to: <u>uitstatus@azdes.gov</u>

Mail to: Arizona Department of Economic Security

Employer Registration Unit

P.O. BOX 6028 • Mail Drop 5881

Phoenix, AZ 85005-6028

Once your application has been processed, the ADES will mail you a transmitter number, a temporary password, and the technical requirements.

Please Note: The Bulk Filer Application does not grant Power of Attorney or allow you to act as an agent of the ADES. Third-party filers may elect to have an Arizona Power of Attorney form on file with the ADES for their clients. A Power of Attorney form is available at ADES's website at www.azuitax.gov under "Forms".

If you have any questions regarding **completing this application**, please contact the Employer Registration Unit at (602) 771-6602 or email them at <u>uitstatus@azdes.gov</u>.

If you have any questions **related to bulk filing**, please contact the Employer Accounting Unit at (602) 771-6601 or email them at <u>azbulkfiling@azdes.gov</u>.

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BULK FILER APPLICATION

	COMPLETE THE FOLLOWING INFORMATION TO O	BTAIN APPR	OVAL AS A BULK FILER
Business N	Name		
Federal Er	mployer Identification Number (FEIN)		
Mailing Ad	dress (No., Street)		
City		State	ZIP Code
Arizona Ur	nemployment Tax Number (If Available)		
Contact Person		Email Address	
Telephone Number Fax Number			_
Please inc	dicate below:		
Applica	nt will be using the AZURE system to file their own report.		
Applica	nt will be using the AZURE system to file as a third-party file	r for multiple er	nployers.
act on beh to act as a Third-party Power of A If you have (602) 771-	g of returns on behalf of taxpayers. This registration form do alf of the taxpayer regarding tax matters with the Arizona Unen agent of the department. If filers may elect to have an Arizona Power of Attorney form Attorney form (UIT-1146A), is available at the Department's like any questions concerning the completion of this application of the application of the completion of the application of the application of the completion of the application of t	employment Tax on file with the onternet site www.	Department or allow the above party department for their clients. A Limited w.azuitax.gov under "Forms".
Upon com	pletion, use the information below to fax, email, or mail the a	application.	
Fax to:	(602) 532-5539		
E-mail to:	uitstatus@azdes.gov		
Mail to:	Arizona Department of Economic Security Employer Registration Unit P.O. BOX 6028 • Mail Drop 5881 Phoenix, AZ 85005-6028		
Authorized	d Representative's Name (Printed)		Title

Note: Once your application has been processed, the Arizona Department of Economic Security will mail you a transmitter number, a temporary password, and technical requirements related to bulk filing.

_____ Date ____

Authorized Representative's Signature _____

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.