ARIZONA DEPARTMENT OF ECONOMIC SECURITY Employer Engagement Administration

REGISTRATION FOR

STATE INFORMATION DATA EXCHANGE SYSTEM (SIDES) E-RESPONSE

Complete this form to receive and respond to Notice to Employer (*UB-110*) forms electronically rather than by U.S. Postal Service mail when someone you employed files a claim for Arizona unemployment benefits and you are this individual's last employer or base period employer (*Arizona uses a base period of employment to determine eligibility for unemployment. The base period is the first four of the last five completed quarters before the application for benefits was filed).*

Business Name:		
Mailing address where you currently r State, ZIP):	• •	m notices (UB-110) (No., Street, P.O. Box, City,
Federal Employer Identification Numb	er (FEIN):	
Arizona Unemployment Tax Account	Number:	
Contact Person's Name:	Co	ontact Person's Phone Number:
Email address where you want to reco		that are ready to view via the SIDES E-Response
notices (Notice to Employer, UB-110) a Notice to Employer is ready for you add <u>UIASIDESE-Responses@azdes.</u> email notifications reach your inbox in specified by law under <u>Arizona Admin</u> not be extended if emails are misdired promptly or because you forgot or mis or misplaced your PIN, you must imm obtain a PIN. If your email address ch	by U.S. Postal Service mail. Instead to view and respond to electronication gov to your email address book ar stead of being blocked by spam filestrative Code R6-3-1407 (within 10 ted because you failed to notify the placed your SIDES E-Response Fediately contact the Employment A anges from the address you provinal at uitstatus@azdes.gov or by fa	onger receive paper unemployment benefit claim and, you will receive an email notification whenever ally via the SIDES E-Response website. You must and notify your IT department to ensure that these leters. The Notice to Employer response time limit to business days of the date on the Notice) will be Department of a change in your email address Personal Identification Number (PIN). If you forgot administration Help Desk at 602-542-2460 to ded above, you must immediately notify the Ulax at 602-532-5539, so that your UI Tax account
I Accept (The "I Accept" box mus approved.)	t be checked or your application to	register for SIDES E-Response will not be
Authorized Representative's Name (Print or Type):		Title:
Authorized Representative's Signature	e (Original signature only; complet	e form, then print and sign it.)
Date:		
Return your completed, signed app	olication to the Department by o	ne of the methods below:
U. S. Postal Service Mail: Employer Registration Unit AZ DES – UI Tax Section Mail Drop 5881 P.O. Box 6028 Phoenix, Arizona 85005-6028	FAX: 602-532-5539	Email: uitstatus@azdes.gov (Scan printed, signed form and submit it as a PDF file attachment to the email.)

Equal Opportunity Employer / Program • 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