

Mail To:
Office of the Attorney General
Employer Services
P.O. Box 12017 MC-046
Austin, TX 78711-2017
800-850-6442
www.employer.texasattorneygeneral.gov

OAG USE ONLY
Date Received: _____
EID: _____

Employer Authorization for Third Party Reporting

EMPLOYER INFORMATION	
Employer Name: _____	Employer Contact: _____
Contact Phone: _____	Contact Email: _____
Employer FEIN: _____	

The Third Party agent listed below is designated to transact all business that needs to be performed with the Office of the Attorney General, Child Support Division (OAG CSD) on the Employer's behalf. This authorization shall be in effect until a new Employer Authorization for Third Party Reporting is received from the Employer, or form 1841, Revocation of Authorization for Third Party Reporting, is submitted. The revocation may be submitted by an Employer or Third Party agent.

THIRD PARTY INFORMATION

Third Party Name: _____

Third Party Contact: _____

Third Party Contact Phone: _____

Third Party Contact Email: _____

Third Party Address: _____

Third Party FEIN: _____

I am an authorized agent for the Employer, and I hereby designate the above Third Party to conduct business on our behalf.

Printed Name

Signature

Title (Owner, Partner, Officer, etc.)

Date