

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

<b>OAG USE ONLY</b>
Date Received: _____
EID: _____

### Employer Authorization for Third Party Reporting

<b>EMPLOYER INFORMATION</b>	
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: Tom Crews CPA PLLC

Third Party Contact: Christina Crews

Third Party Contact Phone: 281-724-9177

Third Party Contact Email: Chrissy@TomCrewsCPA.com

Third Party Address: 1013 East Main Street  
League City, Texas 77573

Third Party FEIN: 81-0840761

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