Acumen Authorization Form

Complete this form and either email it to enrollment@acumen2.net, or fax it to (844) 343-2590, or mail it to our address listed below. Please call (866) 235-4745 if you have any questions.

I hereby authorize Acumen Fiscal Agent, LLC (Acumen) to:

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail information to Acumen once obtained. **Note: If you currently have or have had an EIN, please provide this number on Forms 2678 and 8821.**
2. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, Oregon unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to Oregon's unemployment compensation law and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Oregon Bureau of Labor and Industries and the Oregon Department of Revenue.

What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are Acumen Fiscal Agent to act as your agent for the Oregon Bureau of Labor and Industries and the Oregon Department of Revenue in the fulfilling of domestic employer responsibilities relative to the employing of persons through services funded by the State of Oregon.

Participant/Employer

The person who hires, fires, trains and manages staff.
The person receiving services.

Name:	
Social Security Number:	
Date of Birth:	
Street Address:	
City/State/Zip:	
Mailing Address (if different):	
City/State/Zip (if different):	
County of Residence:	
Phone Number:	
E-mail Address:	

Representative

The individual authorized to assist the Participant in employer responsibilities.

Name:	
Street Address:	
City/State/Zip:	
Phone Number:	
E-mail Address:	

Case Manager

Name:	
E-mail Address:	
Phone Number:	

Your signature means that you have read and understand the above information.

Signature:		Date:	

Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206

Form **2678** Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

For IRS use:

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

  Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

Part 1: Why you are filing this form...

(Check one)

☑ You want to **appoint** an agent for tax reporting, depositing, and paying.

☐ You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN) ☐☐ – ☐☐☐☐☐☐☐

2 Employer's or payer's name (not your trade name)

3 Trade name (if any) N/A

4 Address

You must list a physical address. A P.O. Box will not be accepted.

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (*Check all that apply.*)

	For ALL employees/ payees/payments	**For SOME employees/ payees/payments**
Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	☑	☐
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	☑	☐
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	☐	☐
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	☐	☐
Form 945 (Annual Return of Withheld Federal Income Tax)	☐	☐
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	☐	☐
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	☐	☐

*****Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

☑ Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

X **Sign your name here**

Date / /

Print your name here

Print your title here Household Employer

Best daytime phone

Now give this form to the agent to complete. ▶

The Employer completes this form.

Form **8821**

(Rev. January 2018)

Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ Go to *www.irs.gov/Form8821* for instructions and the latest information.

▶ Don't sign this form unless all applicable lines have been completed.

▶ Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.

OMB No. 1545-1165

For IRS Use Only

Received by:

Name ____________

Telephone ____________

Function ____________

Date

Write your legal name AND physical address here.

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address

NO P.O. Boxes.

Taxpayer identification number(s)

Daytime telephone number | Plan number (if applicable)

Write your phone number here.

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶ ☐

Name and address

Acumen Fiscal Agent, LLC
5416 E Baseline Rd, Suite 200
Mesa, AZ 85206

CAF No. 0305-91435R

PTIN

Telephone No. 480-295-3300

Fax No. 480-371-2241

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

☑ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment, Income Tax W/H	941, 940	2017 - 2020	Tax Liability & EIN Verify

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 . . . . ▶ ☐

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . ▶ ☑

Note. Appointees will no longer receive forms, publications, and other related materials with the notices.

b If you don't want any copies of notices or communications sent to your appointee, check this box . . . . ▶ ☐

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. . . . . . . ▶ ☐

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Sign here.

Date here.

Signature ____________ Date ____________

Print your full name here.

Print Name ____________ Title (if applicable) HHCSR

Form **SS-4**
(Rev. December 2017)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to *www.irs.gov/FormSS4* for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.

Employer's name here

1 Legal name of entity (or individual) for whom the EIN is being requested
HHCSR

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

Employer's street address here

4a Mailing address (room, apt., suite no. and street, or P.O. box)
5416 E. Baseline Rd., Suite 200

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
Mesa, AZ 85206

5b City, state, and ZIP code (if foreign, see instructions)

Employer's city, state, and zip code here

Employer's county & state here

6 County and state where principal business is located

Employer's name here

7a Name of responsible party

7b SSN, ITIN, or EIN

Employer's social security number here

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? . . . . ☐ Yes ☑ No

8b If 8a is "Yes," enter the number of LLC members . . . . . . ▶

8c If 8a is "Yes," was the LLC organized in the United States? . . . . ☐ Yes ☑ No

9a **Type of entity** (check only one box). **Caution**. If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶
- ☑ Other (specify) ▶ HHCSR using Fiscal/Employer Agent
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ Military/National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government
- ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

10 **Reason for applying** (check only one box)

- ☐ Started new business (specify type) ▶
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☑ Other (specify) ▶ HHCSR using Fiscal/Employer Agent
- ☐ Banking purpose (specify purpose) ▶
- ☐ Changed type of organization (specify new type) ▶
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶
- ☐ Created a pension plan (specify type) ▶

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year December

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
0	1-#	0

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). **Note**: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . ▶

16 Check **one** box that best describes the principal activity of your business.
☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) ▶ HHCSR using Fiscal/Employer Agent

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HHCSR using Fiscal/Employer Agent

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No
If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name
Leanna VanRoekel/ Crystal K Kennedy

Designee's telephone number (include area code)
(623) 792- 6100

Address and ZIP code
5416 E. Baseline Rd. Ste 200, Mesa, AZ 85206

Designee's fax number (include area code)
(877) 277-3048

Employer's name here

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (type or print clearly) ▶ HHCSR

Applicant's telephone number (include area code)

Employer sign here

Applicant's fax number (include area code)

Write date here

Signature ▶ Date ▶

Do I Need an EIN?

File Form SS-4 if the applicant entity does not already have an EIN but is required to show an EIN on any return, statement, or other document.[1] See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
Started a new business	Does not currently have (nor expect to have) employees	Complete lines 1, 2, 4a–8a, 8b–c (if applicable), 9a, 9b (if applicable), and 10–14 and 16–18.
Hired (or will hire) employees, including household employees	Does not already have an EIN	Complete lines 1, 2, 4a–6, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10–18.
Opened a bank account	Needs an EIN for banking purposes only	Complete lines 1–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Changed type of organization	Either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership)[2]	Complete lines 1–18 (as applicable).
Purchased a going business[3]	Does not already have an EIN	Complete lines 1–18 (as applicable).
Created a trust	The trust is other than a grantor trust or an IRA trust[4]	Complete lines 1–18 (as applicable).
Created a pension plan as a plan administrator[5]	Needs an EIN for reporting purposes	Complete lines 1, 3, 4a–5b, 9a, 10, and 18.
Is a foreign person needing an EIN to comply with IRS withholding regulations	Needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits[6]	Complete lines 1–5b, 7a–b (SSN or ITIN optional), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is administering an estate	Needs an EIN to report estate income on Form 1041	Complete lines 1–6, 9a, 10–12, 13–17 (if applicable), and 18.
Is a withholding agent for taxes on non-wage income paid to an alien (i.e., individual, corporation, or partnership, etc.)	Is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	Complete lines 1, 2, 3 (if applicable), 4a–5b, 7a–b (if applicable), 8a, 8b–c (if applicable), 9a, 9b (if applicable), 10, and 18.
Is a state or local agency	Serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581[7]	Complete lines 1, 2, 4a–5b, 9a, 10, and 18.
Is a single-member LLC (or similar single-member entity)	Needs an EIN to file Form 8832, Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes[8], or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business (Under Sections 6038A and 6038C of the Internal Revenue Code)	Complete lines 1–18 (as applicable).
Is an S corporation	Needs an EIN to file Form 2553, Election by a Small Business Corporation[9]	Complete lines 1–18 (as applicable).

[1] For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity does not have employees.

[2] However, do not apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

[3] Do not use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

[4] However, grantor trusts that do not file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

[5] A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

[6] Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

[7] See also *Household employer* on page 4 of the instructions. **Note**: State or local agencies may need an EIN for other reasons, for example, hired employees.

[8] See *Disregarded entities* on page 4 of the instructions for details on completing Form SS-4 for an LLC.

[9] An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

OR Independent Choices Program (ICP) Employer-Authorized Rep/Acumen Agreement Form

This Agreement is between Acumen Fiscal Agent and the Employer or Authorized Representative as stated below.

General understanding and conditions of the OR Independent Choices Program (ICP):

- Participation in this Participant Direction option is a decision I have made after consultation with my Case Manager.
- I have received from my Case Manager any/all program related information about my service delivery options and the rules and regulations regarding my participation in the Independent Choices Program (ICP). I understand it is my responsibility as the Employer to abide by all the rules and regulations of this program and the Oregon ICP Participant Agreement I have signed.
- I understand that I am the Employer of Record for this program. The employer is not Acumen Fiscal Agent or the Oregon Independent Choices Program administrators. I understand that as the employer of record I am responsible to comply with paying all of my employees in accordance with the Department of Labor Regulations including the Fair Labor Standards Act and Final Rule. Furthermore, I understand that this employer responsibility may extend beyond what the program funds may pay my employee and I accept full responsibility for all debts owed.
- I understand it is my responsibility to hire and train only qualified providers/employees, as defined by the Oregon ICP policy manuals, to provide my services.
- I understand Acumen will provide me with enrollment materials and guidance on the requirements to complete each form. It is ultimately my responsibility as the employer to ensure all forms that my employee and/or I complete are correct within required guidelines.
- I will not allow provider(s)/employee(s) to begin performing work until Acumen has notified me that provider(s)/employee(s) are active in their system (Good to Go).
- I understand that if my program requires my employee (job applicant) or Authorized Representative to pass a background check I will ensure all investigation reports are kept confidential, and will not be shared, and will be disposed of properly given that they include sensitive data (e.g. criminal history) and personally identifiable information (e.g. name, date of birth, SSN).
- I understand that Acumen is only authorized to represent me in processing payments as it relates to the Independent Choices Program. Acumen will only make payments on my behalf in accordance to the authorized amounts as outlined in my Spending Plan/budget.
- I understand it is my responsibility to be aware of any remaining balances and schedule provider(s)/employee(s) and/or request program payments within those available units and funds.
- I understand that if I cause work to happen above and beyond what is authorized in my Spending Plan/budget, I as the employer, will be personally responsible for those expenses.
- I understand it is my responsibility to review and approve all requests for payment prior to submitting them to Acumen to ensure accuracy and confirm they are authorized for processing.
- I understand that, on occasion, I may receive automated (general announcement) communication from Acumen regarding important program and/or payroll information as it relates only and specifically to the Independent Choices Program.
- I understand it is my responsibility to notify my Case Manager immediately of any significant changes in circumstances that may affect the participant's Spending Plan/budget and/or safety.

- I understand it is my responsibility to notify Acumen immediately of any changes that effect my eligibility for services. (e.g. loss of Medicaid, hospitalization, placement in a facility) I understand I may be responsible for payment of any work performed during the loss of eligibility.
- I understand all requests for payment must be submitted through Acumen's online time entry system which requires password-protected employer approval. I understand that Acumen will not process a payment request without proper employer approval.
- I attest that I will submit and/or approve all payment requests in accordance with the Program regulations. I understand that payment and satisfaction of my claims may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Any collection costs or legal fees will be my responsibility to pay.
- I understand that it is my responsibility to set up and maintain a separate bank account where cash benefit funds and Pay-In responsibility will be deposited and where Acumen will directly withdraw funds in order to pay my employees.
- I understand that I have agreed to pay my monthly Pay-In as required on the Independent Choices Benefit Calculation. Acumen will suspend my account if this payment is not paid by the 12th of the month. The statements and conditions listed on *Participant Pay-In Agreement* will be put into effect until the payment has been deposited. If the 12th of the month falls on a holiday or weekend the Pay-In must be deposited prior to the 12th.
- I understand that if I have been filing a Schedule H with my annual 1040 filing for household workers under my employ, I must contact the IRS and send them the OR Schedule H letter provided in the Acumen enrollment packet.
- I understand any request for a payment that is more than 60 days from the date of service may have a delay in payment. Acumen will need to request money back from the state. Please refer to the Paying Your Supports packet.

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Participant: ____

Name of Employer/ Representative (if applicable):______________________________

Phone: (_____) ____________________ Email Address:___________________________

______________________________________ ______________________________

Participant or Employer/ Representative Signature Date

Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone: (866) 235-4745
Fax: (844) 343-2590
enrollment@acumen2.net

Oregon Employment Department
Tax Authorization Representative

This form allows the Employment Department to disclose your company's confidential tax information to your designee. You may designate a person, agency, firm or organization.

Owner Name/Title:	Telephone Number: ( )	Fax Number: ( )	
Company Name:		BIN:	
Mailing Address:	City:	State:	Zip Code:

The below named is authorized to receive my company's confidential tax information and/or discuss tax matters pertaining to my account before the Oregon Employment Department for:

- ☑ All tax years, **or**
- ☐ Specific tax years: ____________, ____________, ____________, ____________, ____________,
- ☑ All tax matters, **or**
- ☐ Specific tax matters: ____

____

I hereby appoint the following person as designee or authorized representative:

Authorization Representative name: CRYSTAL KENNEDY	Telephone Number: (623) 792-6100	Fax Number: (480) 371-2241	
Title: SENIOR TAX SPECIALIST	Company name: ACUMEN FISCAL AGENT, LLC		
Mailing Address: 5416 E BASELINE RD, STE 200	City: MESA	State: AZ	Zip Code: 85206

Note:

This authorization form is active until revoked and automatically revokes and replaces all earlier tax authorizations on file with the Oregon Employment Department for the same tax matters and years or periods covered by this form. This information will not be disclosed externally.

This authorization must be signed or it will be returned.

Owner Signature:	Date:

WORKSOURCE OREGON EMPLOYMENT DEPARTMENT

ADDITIONAL INFORMATION

This form is used for two purposes:

- *Tax Information Disclosure Authorization*

  Allows the department to disclose your confidential tax information to whomever you designate. Original notices of deficiency or assessment will be mailed to the taxpayer as required by law. The representative will **not** receive original notices we send to you.

- *Tax Authorization Representative Form*

  Notifies the department that another person is authorized to receive your confidential tax information and/or to discuss tax matters pertaining to your account before the Oregon Employment Department.

  This form is effective on the date signed. Authorization terminates when the department receives written revocation notice and/or a new form is submitted.

  For corporations, "taxpayer" as used on this form, must be the corporation that is subject to Oregon tax.

This form does not preclude the Oregon Employment Department from contacting the taxpayer directly regarding matters pertaining to their account as defined in ORS 657 and OAR 471.

Fax: 503-947-1700

or

Mail to:

Employment Department
Tax Section Room 107
875 Union St NE
Salem OR 97311

Individual & Employer Business Information

Please review and respond to the questions below, if any of the questions below cannot be answered, write "N/A" or "Do not know" next to the question.

Questions for the Employer

1. What name is shown on your most recent Social Security Card? ______________________________
2. What number is listed on your most recent Social Security Card? ______________________________
3. Have you gone by any other names other than what is listed on your Social Security Card? ☐ Yes ☐ No
   a. If yes, please list your other name(s): ______________________________

      ____
4. Were you ever previously assigned an FEIN for any business previously operated/owned? ☐ Yes ☐ No
   a. If yes and known:
      i. Please provide the previously assigned FEIN: ____________________
      ii. What was the business for? ______________________________
      iii. Is the business still active? ☐ Yes ☐ No

Questions for the Individual Receiving Services and/or Employer

1. Have you currently or in the past filed with a Schedule H?

   ☐ Yes ☐ No

   a. If yes and known:
      i. What was the last quarter you filed with a Schedule H?______________________________
      ii. Was your employer the same employer who is listed above? ☐ Yes ☐ No
2. Was a business account ever established on your behalf with the Oregon Bureau of Labor and Industries?

   ☐ Yes ☐ No

   a. If yes and known:
      i. Please provide the State Unemployment Tax Account (SUTA) # ____________________
      ii. Please provide the SUTA Rate: ____________
3. Was a business account ever established on your behalf with the Oregon Department of Revenue?

   ☐ Yes ☐ No

   a. If yes and known:
      i. Please provide the State Withholding Tax Account (SIT) # ______________________

______________________________ ______________________________

Employer or Legal Guardian Signature *Date*

Acumen Fiscal Agent, LLC
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone: (866) 235-4745
Fax: (844) 343-2590
Enrollment@acumen2.net

Oregon
Independent Choice Program (ICP)
Participant Cash Benefit Payment Agreement

I, ____, (participant's printed name) have chosen to participate in the Independent Choice Program (ICP). I am aware of my responsibility to pay my assigned Cash Benefit that has been determined by the Department of Human Services/Aging & People with Disabilities, Independent Choices Benefit Calculation to Acumen Fiscal Agent so they can pay my employee(s) and other services as covered by the Independent Choices program.

I agree to the following:

- Pay my monthly cash benefit to Acumen, my fiscal agent, through a direct auto withdrawal process. This auto withdrawal will occur by the 12th of each month and for the full amount received for that month.
- If a pay-in amount is owed, this amount will be deposited into my Cash Benefit account. The monthly amount that is withdrawn by Acumen will include the pay-in. I will have my pay-in deposited before the 12th of each month.
- I understand I will be suspended for non-payment of the monthly pay-in even if the cash benefit has been paid, and my employee(s) will not be paid until the pay cycle after my pay-in is received by Acumen. If work was performed for me, and I fail to pay my pay-in I will be held responsible for paying my employee(s) for the month(s) I am suspended regardless of cash benefit amount. I understand that unpaid pay-ins may result in an involuntary disenrollment from the program.

I understand the above statements and conditions and I agree to pay my monthly cash benefit through an auto withdrawal by Acumen Fiscal Agent.

____ ________________________
Participant/Authorized Representative Signature Date

Acumen will auto withdraw the cash benefit once the authorization has been received:

Automatic bank withdrawal

- Step 1 – complete the Authorization for Automatic Withdrawal for Cash Benefits form
- Step 2 – fax ((844) 343-2590 or mail (5416 E Baseline Road, Ste. 200, Mesa, AZ 85206) form and voided check or deposit slip to Acumen

OREGON INDEPENDENT CHOICE PROGRAM CASH BENEFIT FORM

AUTHORIZATION FOR AUTOMATIC WITHDRAWAL FROM CASH BENEFIT ACCOUNT

Payroll Agent: **Acumen Fiscal Agent, LLC.**
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206

Phone: **(866) 235-4745**
Fax: **(844) 343-2590**

I hereby authorize Acumen Fiscal Agent, LLC, hereinafter called Company, to initiate debit entries for the purpose of collecting my cash benefit as calculated in the OR ICP Benefit Calculation and, if necessary, credit entries for the purpose of correcting an erroneous debit previously initiated from my account indicated below. I further authorize the Financial Institution named below to accept such entries and to debit or credit the amount thereof to such account.

Attach a **voided check** for checking account(s) or contact your bank to have them provide you with a printout that provides the routing number and account information for your savings accounts. Any changes to your account(s) must be submitted immediately!

□ **New Account** □ **Change of Account** □ **Cancellation**

□ **Checking** (attach a voided check)
□ **Savings** (attach printout from bank with routing and account information)

______________________________ ______________________________
Financial Institution Name Branch Name and Phone Number

______________________________ ________________________ _______ _________
Address City State Zip

______________________ ____________________
Account Routing Number Account Number

This authority is to remain in full force and effect until Company and Financial Institution have received written notification from me of its termination in such time and manner as to afford Company and Financial Institution a reasonable opportunity to act upon it.

By signing below, I hereby authorize and agree that Company may withdraw my ICP Cash Benefit amount from the bank account designated above.

______________________________ ______________________________
Print Name Phone Number

______________________________ ______________________________
Signature Date

Name:
Address:
City, State Zip:

Date

Internal Revenue Service
Ogden, UT 84201

RE: Change of Filing Status
FEIN: _____________________

Dear Internal Revenue Service:

I have been filing a Schedule H along with my annual 1040 filing for the household workers under my employ. We are in the process of transferring an EIN as a Home Care Service Recipient (HCSR) that will be used in conjunction with Form 2678 to establish Acumen as my Fiscal Employer agent. Beginning on _______________, Acumen will be responsible for filing a form 941 and other employment taxes on my behalf as a Fiscal Employer Agent, pursuant to the Internal Revenue Code 3504.

Please feel free to contact me at the address above or Acumen at 866-235-4745 with any questions.

Sincerely,

Name: