



Fiscal Agent Employer/Client Paperwork

Employer/Client Forms Examples

- Fiscal Agent Employer/Client Information Form
- Form 2678: Employer/Payer Appointment of Agent
- Form SS-4: Application for Employer Identification Number
- Form 8821: Tax Information Authorization
- Fiscal Agent Information for the Fiscal Intermediary

INSTRUCTIONS

Employer/Client Name: The Employer/Client's name in first name, last name format.

Street Address: The Employer/Client's street address.

City, State, and ZIP: The Employer/Client's city, state, and ZIP code.

Birth Date: The Employer/Client's birth date.

Social Security Number: The Employer/Client's Social Security number.

Email: The Employer/Client's email address.

Primary Phone Number: The Employer/Client's primary phone number. Mark the appropriate box to indicate if the number is a Cell, Home, or Work number.

Alternative Phone Number: The Employer/Client's secondary phone number. Mark the appropriate box to indicate if the number is a Cell, Home, or Work number.

Preferred Language: The Employer/Client's preferred language for communications.

Case Manager Name: The name of the Employee/Client's Case Manager.

Employer/Client Signature and Date: The Employer/Client, Guardian or POA will sign and date this form.



**Fiscal Agent
Employer/Client Information Form**

Instructions: 1. Complete, sign and date this form.
2. Return form using contact information listed at bottom.

Employer/Client Name: Employer/Client Name

Street Address: Employer/Client Street Address

City: City State: State ZIP: ZIP Code

Birth Date: mm / dd / yyyy Social Security Number: ### - ## - ####

Email: Employer/Client Email Address

Primary Phone Number: (###) ### - #### Cell Home Work

Alternate Phone Number: () - Cell Home Work

Preferred Language: English Spanish Hmong Other:

Case Manager Name: Employer/Client's Case Manager's Name

By signing below, you agree that the information on this form is accurate and you have all supporting documentation in your possession.

Employer/Client Signature: Employer/Client, Guardian, or POA Signature Date: mm/dd/yyyy

P.O. Box 80455 | Milwaukee, WI 53208 | Phone: 1-888-490-3966 | Fax: 1-414-918-8130
Email: fiscal@iLIFE.org | Website: iLIFE.org

(9/2022)

INSTRUCTIONS

PART 1

Check the box to appoint an agent for tax reporting, depositing, and paying.

PART 2

1. The Employer/Client's EIN number (not Social Security number). If the EIN number is not known, leave the Employer Identification Number (EIN) blank; it will be entered by the FEA when it is assigned.

2. The Employer/Client's Name

4. The Employer/Client's Street Address, City, State, and ZIP Code.

5. Check the box under *For ALL employees/payeess/payments* for:

- Form 940, 940-PR
- Form 941, 941-PR, 941-SS

Check the box to indicate "you are a home care service recipient."

Signature & Date

The Employer/Client, Guardian, or POA will sign and date this form.

Print the Employer/Client Name and Title ("HSCR") or, if it is a Guardian or Power of Attorney completing this form, print his/her name and write "Guardian" or "POA" - whichever is appropriate.

Include the best daytime phone number to be reached with the area code.

PART 3

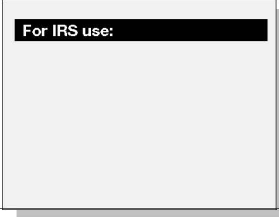
The back side of this form can be left blank and will be completed by the Fiscal Employer Agent (FEA).

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

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

OMB No. 1545-0748

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)

Employer/Client Name

3 Trade name (if any)

4 Address

Employer/Client Street Address

Number Street Suite or room number

City **State** **ZIP Code**

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)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

*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 **Employer/Client, Guardian, or POA Signature**

Date **mm /dd /yyyy**

Print your name here **Employer/Client, Guardian, or POA**

Print your title here **HCSR**

Best daytime phone **(###) ### - ####**

Now give this form to the agent to complete. ➔

EXAMPLE: Form SS-4
Application for Employer Identification Number

INSTRUCTIONS

Box 1: The legal name of the Employer/Client for whom the Employer Identification Number (EIN) is being requested. Enter his/her title as "HCSR" (Home Care Service Representative).

Boxes 4a/4b: The Fiscal Employer Agent's mailing address.

Boxes 5a/5b: The Employer/Client's mailing address.

Box 6: The county and state where the Fiscal Agent is located.

Box 7a: The Employer/Client's name.

Box 7b: The Employer/Client's Social Security number.

Box 8a: Check "No."

Box 9a: Check *Other* and enter "HCSR."

Box 10: Check *Other* and enter "HCSR."

Box 11: The date the Employer/Client started with the program in mm/dd/yyyy format. Leave blank if unknown.

Box 12: Enter the closing month as "December."

Box 13: Under Household enter "1-5."

Box 15: Write "N/A."

Box 16: Check *Other* and enter "HCSR."

Box 17: Enter "HCSR."

Box 18: Check "No."

Third Party Designee: Write the Fiscal Agent name, address, and telephone number.

Under penalties of perjury: Write the name and title ("HCSR") of the Employer/Client or Guardian/POA and their phone number.

Signature: The Employer/Client, Guardian or POA will sign and date this form.

<p>Form SS-4 (Rev. December 2023) Department of the Treasury Internal Revenue Service</p>	<p>Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) See separate instructions for each line. Keep a copy for your records. Go to www.irs.gov/FormSS4 for instructions and the latest information.</p>	<p>OMB No. 1545-0003 EIN</p>														
<p>1 Legal name of entity (or individual) for whom the EIN is being requested Employer/Client Name HCSR</p>																
<p>2 Trade name of business (if different from name on line 1)</p>		<p>3 Executor, administrator, trustee, "care of" name Employer/Client Street Address</p>														
<p>4a Mailing address (room, apt., suite no. and street, or P.O. box) 2020 W WELLS ST</p>		<p>5a Street address (if different) (Don't enter a P.O. box.) Employer/Client City, State and ZIP Code</p>														
<p>4b City, state, and ZIP code (if foreign, see instructions) MILWAUKEE, WI 53233</p>		<p>5b City, state, and ZIP code (if foreign, see instructions)</p>														
<p>6 County and state where principal business is located MILWAUKEE COUNTY WI</p>																
<p>7a Name of responsible party Employer/Client Name</p>		<p>7b SSN, ITIN, or EIN ###-##-####</p>														
<p>8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>		<p>8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input type="checkbox"/> No</p>														
<p>8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																
<p>9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Sole proprietor (SSN)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Estate (SSN of decedent)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Partnership</td> <td style="border: none;"><input type="checkbox"/> Plan administrator (TIN)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Corporation (enter form number to be filed)</td> <td style="border: none;"><input type="checkbox"/> Trust (TIN of grantor)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Personal service corporation</td> <td style="border: none;"><input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Church or church-controlled organization</td> <td style="border: none;"><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Other nonprofit organization (specify)</td> <td style="border: none;"><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Other (specify) HCSR</td> <td style="border: none;">Group Exemption Number (GEN) if any</td> </tr> </table>			<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Estate (SSN of decedent)	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN)	<input type="checkbox"/> Corporation (enter form number to be filed)	<input type="checkbox"/> Trust (TIN of grantor)	<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government	<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input checked="" type="checkbox"/> Other (specify) HCSR	Group Exemption Number (GEN) if any
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<input type="checkbox"/> Other nonprofit organization (specify)	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises															
<input checked="" type="checkbox"/> Other (specify) HCSR	Group Exemption Number (GEN) if any															
<p>9b If a corporation, name the state or foreign country (if applicable) where incorporated</p>		<p>State Foreign country</p>														
<p>10 Reason for applying (check only one box)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none;"><input type="checkbox"/> Started new business (specify type)</td> <td style="width: 50%; border: none;"><input type="checkbox"/> Banking purpose (specify purpose)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Hired employees (Check the box and see line 13.)</td> <td style="border: none;"><input type="checkbox"/> Changed type of organization (specify new type)</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td style="border: none;"><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Other (specify) HCSR</td> <td style="border: none;"><input type="checkbox"/> Created a trust (specify type)</td> </tr> <tr> <td style="border: none;"></td> <td style="border: none;"><input type="checkbox"/> Created a pension plan (specify type)</td> </tr> </table>			<input type="checkbox"/> Started new business (specify type)	<input type="checkbox"/> Banking purpose (specify purpose)	<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type)	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input checked="" type="checkbox"/> Other (specify) HCSR	<input type="checkbox"/> Created a trust (specify type)		<input type="checkbox"/> Created a pension plan (specify type)				
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	<input type="checkbox"/> Created a pension plan (specify type)															
<p>11 Date business started or acquired (month, day, year). See instructions. Start Date in Program in mm/dd/yyyy format</p>		<p>12 Closing month of accounting year DECEMBER</p>														
<p>13 Highest number of employees expected in the next 12 months (enter -0- if none).</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">Agricultural</td> <td style="width: 33%; border: none;">Household</td> <td style="width: 33%; border: none;">Other</td> </tr> </table>			Agricultural	Household	Other											
Agricultural	Household	Other														
<p>14 Reserved for future use</p>																
<p>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) N/A</p>																
<p>16 Check one box that best describes the principal activity of your business.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;"><input type="checkbox"/> Construction</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Rental & leasing</td> <td style="width: 33%; border: none;"><input type="checkbox"/> Transportation & warehousing</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Health care & social assistance</td> <td style="border: none;"><input type="checkbox"/> Accommodation & food service</td> <td style="border: none;"><input type="checkbox"/> Wholesale-agent/broker</td> </tr> <tr> <td style="border: none;"><input type="checkbox"/> Real estate</td> <td style="border: none;"><input type="checkbox"/> Manufacturing</td> <td style="border: none;"><input type="checkbox"/> Finance & insurance</td> </tr> <tr> <td style="border: none;"><input checked="" type="checkbox"/> Other (specify) HCSR</td> <td style="border: none;"><input type="checkbox"/> Wholesale-other</td> <td style="border: none;"><input type="checkbox"/> Retail</td> </tr> </table>			<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input checked="" type="checkbox"/> Other (specify) HCSR	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail		
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<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-agent/broker														
<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance														
<input checked="" type="checkbox"/> Other (specify) HCSR	<input type="checkbox"/> Wholesale-other	<input type="checkbox"/> Retail														
<p>17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HCSR</p>																
<p>18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here</p>																
<p>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.</p>																
<p>Third Party Designee</p>		<p>Designee's name ILIFE LLC FISCAL AGENT C/O MEGAN KEINTZ</p>														
<p>Designee's telephone number (include area code) 715-298-9823</p>		<p>Designee's name (type or print clearly) Employer/Client Name or Guardian/POA Name: HCSR</p>														
<p>Designee's address and ZIP code 2020 W WELLS ST MILWAUKEE WI 53233</p>		<p>Designee's fax number (include area code) 414-937-2034</p>														
<p>Signature Employer/Client, Guardian, or POA Signature Date mm/dd/yyyy</p>		<p>Applicant's telephone number (include area code) ###-###-####</p>														
<p>For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.</p>		<p>Applicant's fax number (include area code)</p>														

Print the Employer/Client Guardian or Power of Attorney Name and Title (HCSR), and enter his/her phone number.

The Employer/Client, Guardian, or POA will also sign and date this form. If a Guardian or POA has been court appointed, said person should also attach a copy of the guardianship papers with the court seal visible.

INSTRUCTIONS

Box 1: The legal name and daytime phone number of the Employer/Client for whom the Tax Information Authorization is being requested. For Taxpayer Identification number(s), enter the Participant's EIN number (not Social Security number) if known, otherwise leave blank.

Box 2: The name, address and contact information of the Fiscal Employer Agent. The named designee must be an individual person. Check the check box to have copies of notices and communications sent to the designee.

Box 3, 3a - 3d: Check the box to authorize access to IRS records. Identify (a) the type of tax information, (b) tax form numbers, (c) years or periods, and (d) specific tax matters that the Fiscal Agent is authorized to inspect and/or receive. Years or periods (c) should not be more than three years.

Box 6: The Employer/Client, Guardian or POA will sign and date this form, and print his/her name. Enter his or her title as "HCSR."

Form **8821**
(Rev. January 2021)
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. See instructions.

OMB No. 1545-1165
For IRS Use Only

Received by: _____
Name: _____
Telephone: _____
Function: _____
Date: _____

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)
Employer/Client Name Employer/Client Street Address City/State/Zip Code	Daytime telephone number ###-###-####
Plan number (if applicable)	

2 Designee(s). If you wish to name more than two designees, attach a list to this form. Check here if a list of additional designees is attached ►

Name and address	CAF No. 0315-82663R
ANDREA HOETTELS ILIFE LLC FISCAL AGENT 2020 WEST WELLS ST, MILWAUKEE, WI 53233	PTIN _____ Telephone No. 414-459-3086 Fax No. 414-755-7104
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____
RACHEL MESSENGER ILIFE LLC FISCAL AGENT 2020 W WELLS ST, MILWAUKEE, WI, 53233	PTIN _____ Telephone No. 414-937-2035 Fax No. 414-937-2034
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee 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
INCOME TAX WITHHOLDING	940, 940R, 941, 941B, 941R, 941-X	2023-2025	NOT APPLICABLE
EMPLOYMENT TAXES	W-2, W-2C, W-3, SS-4, 2678	2023-2025	NOT APPLICABLE

4 Specific use not recorded on the 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 line 5 ►

5 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 5 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 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.
► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Employer/Client, Guardian, or POA [Signature]	Date
Employer/Client, Guardian, or POA [Print Name]	Title (if applicable)

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P Form **8821** (Rev. 01-2021)

INSTRUCTIONS

Have you been an Employer/Client before participating in this program? Check "Yes" if you have been an employer before, or check "No" if you have not.

Did you have a fiscal agent? Check "Yes" if you've had a Fiscal Agent before, or check "No" if you have not.

If you answered Yes to either of the questions above ... Write the Employer/Client's Employer Identification Number (EIN). If you do not know it, write "I do not know."

City, State, and ZIP: The Fiscal Agent's city, state, and ZIP code.

Phone: The Fiscal Agent's phone number.

Employer/Client Name: The Employer/Client's name.

Employer/Client Signature and Date: The Employer/Client, Guardian or POA will sign and date this form.



**Fiscal Agent
Information for the Fiscal Intermediary**

Instructions: 1. Complete, sign and date this form.
2. Return form using contact information listed at bottom.

Have you been a Employer/Client before participating in this program? No Yes

Did you have a fiscal agent? No Yes

If you answered Yes to either of the questions above, please provide your Employer Identification Number (EIN). If you do not know it, write "I do not know." #####

Previous Fiscal Agent Name: Name of Employer/Client's Previous Fiscal Agent

Street Address: Previous Fiscal Agent's Street Address

City: Previous Fiscal Agent's City State: State ZIP: ZIP Code

Phone: (###) ### - ####

If you have had a fiscal agent before, we may need to contact them so that your payroll records are reported correctly to both the state and federal governments. Sign below to allow us access to those payroll records.

Employer/Client Name: Employer/Client, Guardian, or POA's Full Name

Signature: Employer/Client, Guardian, or POA's Signature Date: Month/Day/Year