

## Fiscal Agent Vendor Checklist

#	Vendor Start-up Forms	When Required
1	Vendor Application	For all vendors
2	Form W-9	For all new vendors and existing vendors who change their name
3	Wisconsin Medicaid Program Provider Agreement and Acknowledgment of Terms of Participation For Waiver Service Provider Agencies or Individuals (F-00180C)	For all vendors
4	License Requirements List	Lists which professions require a copy of professional license and/or certificate
5	Copy of Liability Insurance Certificate	If required for your profession
6	Copy of Professional License and/or Certificate	If required for your profession
7	Copy of Driver's License	If providing transportation
8	Adult Family Home Information Form	For AFH providers with non-taxable income
9	Background Information Disclosure (BID) for Entity Employees and Contractors (F-82064)	For individual providers
10	Vendor Direct Deposit Authorization	Optional but recommended. Required if vendor wants direct deposit.

	Resources	How to Use
	Payroll Payment Schedule	Lists approved pay periods
	Sample Form W-9	For help completing Form W-9
	Invoice	To document goods and/or services to be paid
	Sample Invoice	For help completing Fiscal Agent Invoice

### **IMPORTANT:**

Not submitting all required documents or submitting incomplete and/or unsigned documents will delay the application process. Do not begin work for the Employer/Client until you receive official notification that you may begin working.

To process the application, all vendors must submit documents numbered 1 – 3 on the list above. Depending on the services to be provided and whether the vendor is an individual provider, any of documents 4 through 10 may also be required.

## Fiscal Agent Vendor Start-up Guide

**This does not list all required documents.  
Please see the Vendor Checklist for a list of all required documents.**

1. **Start-up documents:** One set of vendor start-up documents is included. If additional documents are needed, contact the Employer/Client's case manager or find the documents online at [iLIFE.org](https://iLIFE.org).
2. **Checklists:** The Vendor Checklist ensures all required documents are completed and submitted to iLIFE. Payments cannot be made if iLIFE is missing any required documents.
3. **Payment schedule:** Signatures are required on all payment forms. Payment forms can be faxed, mailed or scanned and emailed to iLIFE. If a payment form is faxed, please document the fax confirmation in case of submission error.
4. **Adult Family Home Information Form (required for AFH providers with non-taxable income):** The AFH Information Form is required only if the AFH income is qualified to be non-taxable. The AFH is exempt from taxes and 1099 reporting only if the AFH qualifies based on the information provided on this form.
5. **Direct deposit (optional):** If the vendor wants to sign up for direct deposit, the vendor must provide a signed Vendor Direct Deposit Authorization form and bank verification. The bank verification, such as a voided check, must include the account number, routing number and account holder name.

**If you have questions, please call iLIFE at 1-888-490-3966.**



## Fiscal Agent Vendor Application

### Vendor Demographics

Organization Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Are you applying as (choose one):  Agency  Individual Provider

Type of application (choose one):  Initial application  Reinstatement

Supplemental (vendor status change or adding Employer/Client)

NOTE: If adding Employer/Client, only the following is needed: Organization Name, Employer/Client Information, licensure information for the services to be provided, dated Employer/Client signature, and dated Vendor signature.

W-9 Name (as shown on tax return): \_\_\_\_\_

W-9 Business Name (if different from W-9 name): \_\_\_\_\_

W-9 Exempt:  Yes  No State of WI Dept. of Financial Institutions ID No.: \_\_\_\_\_

### Billing and Claims Contact Information

Check all that apply:  Primary Office  Mailing Address  Billing Address

Tax Identification Number: \_\_\_\_\_ Tax Qualifier:  EIN  SSN

Billing Contact Name: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

### Background Check Verification for Agencies

I certify that the Agency I represent runs background checks on all employees in accordance with the Wisconsin Caregiver Program.

Yes  No  Not applicable (I am an individual provider.)

**Employer/Client Information**

Employer/Client Name: \_\_\_\_\_

Services To Be Provided	Rate	Unit
<input type="checkbox"/> Adult Day Care	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Supportive Home Care	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Pre-Vocational Services	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Daily Living Skills Training	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Day Services	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Supportive Employment	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Consumer Education and Training	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Home Modifications	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Respite	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Outside Chore Services	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Speech, Occupation, Physical or Massage Therapy	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Home Delivered Meals	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Adaptive Aids	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Transportation	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Personal Emergency Response Services (PERS)	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time
<input type="checkbox"/> Other: _____	\$	per <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> One Time

**Vendor Driver's License Information (if providing transportation)**

Will you provide transportation services?  Yes  No

Name (as appears on license): \_\_\_\_\_

License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Liability Insurance: \_\_\_\_\_

If you are to provide specialized transportation, by submitting this application you certify that the vehicle you will use is and will be mechanically sound; has properly functioning lighting, safety, ventilation and braking systems; and has properly inflated tires without excessive wear.

**IMPORTANT:** Attach copy of insurance and license.



**Vendor Certifications and ID Numbers**

State of Licensure/Certification	ID Number	Type	Expiration Date

Other ID Numbers:

Type of Number	ID Number	Expiration Date
Medicaid Provider Number		

**IMPORTANT:** List all current licenses and attach copy of current license(s). For list of service occupations that have licensing requirements, see the License Requirements List.

**Employer/Client Acknowledgement and Signature**

I understand that the services that I will receive are subject to Medicaid regulations and that I may not charge in excess of the amount agreed upon in this application.

Employer/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Vendor Acknowledgement and Signature**

I understand and agree that this application will not be processed until the application is deemed complete by iLIFE. It is my responsibility to provide a complete application. I understand that the burden of producing adequate information in a timely manner and for resolving doubts is my responsibility.

I certify that the information in this document and any attached documents is true, correct and complete. I understand and agree that any misrepresentation, misstatement or omission from this application, if discovered after Vendor participation has been awarded, may lead to suspension or termination of Vendor participation.

I understand that these services are provided under Medicaid regulations and that I may not charge in excess of the amount agreed upon in this application. After services have been performed per this agreement, invoices are due to iLIFE per the iLIFE Fiscal Agent Vendor Schedule.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_





By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.**

You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.**

You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records From Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.**

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**WISCONSIN MEDICAID PROGRAM PROVIDER AGREEMENT AND  
ACKNOWLEDGEMENT OF TERMS OF PARTICIPATION  
FOR WAIVER SERVICE PROVIDER AGENCIES OR INDIVIDUALS**

Completion of this form is required under Federal Law by the Centers for Medicare & Medicaid Services, Department of Health and Human Services, under the Code of Federal Regulations 42 CFR 431.107.

Name of Provider (Typed or Printed—Must exactly match name used on all other documents)		Phone Number	
Address – Street	City	State	Zip Code

The above-referenced provider of home and community-based waiver services under Wisconsin’s Medicaid program, hereinafter referred to as the provider, hereby agrees and acknowledges as follows:

1. To provide only the items or services authorized by the managed care organization or IRIS program.
2. To accept the payment issued by the managed care organization or IRIS program as payment in full for provided items or services.
3. To make no additional claims or charges for provided items or services.
4. To refund any overpayment to the managed care organization or IRIS program.
5. To keep any records necessary to disclose the extent of services provided consistent with the provider’s business type.
6. To provide, upon request by the managed care organization, the IRIS program, or the Department of Health Services (DHS) or its designee, information regarding the items or services provided.
7. To comply with all other applicable federal and state laws, regulations, and policies relating to providing home and community-based waiver services under Wisconsin’s Medicaid program including the caregiver background check law.
8. Medicaid Confidentiality Policies and Procedures: To maintain the confidentiality of all records or other information relating to each participant’s status as a waiver participant and items or services the participant receives from the Provider.
9. To respect and comply with the waiver participant’s right to refuse medication and treatment and other rights granted the participant under federal and state law.
10. Medicaid Fraud Prevention Policies and Procedures (including records retention): To keep records necessary to disclose the extent of services provided to waiver participants **for a period of ten (10) years** and to furnish upon request to the DHS, the federal Department of Health and Human Services, or the state Medicaid Fraud Control Unit, any information regarding services provided and payments claimed by the Provider for furnishing services under the Wisconsin Medicaid Program. This requirement includes retaining all records and documents according to the terms provided by Wis. Admin. Code § DHS 106.02(a)-(d); (f)-(g).
11. The provider agrees to comply with the disclosure requirements of 42 CFR Part 455, Subpart B, as now in effect or as may be amended. To meet those requirements and address real or potential conflict of interest that may influence service provision, among other things the provider shall furnish to the managed care organization and upon request, to the Department in writing:
  - a) The names and addresses of all vendors of drugs, medical supplies or transportation, or other providers in which it has a controlling interest or ownership;
  - b) The names and addresses of all persons who have a controlling interest in the provider;

**DEPARTMENT OF HEALTH SERVICES**

Division of Medicaid Services  
F-00180C (07/2017)

**STATE OF WISCONSIN**

42 CFR 431.107 & 42 CFR 438.602(b)

- c) Whether any of the persons named in compliance with (a) and (b) above are related to any owner or to a person with a controlling interest as spouse, parent, child or sibling;
  - d) The names and addresses of any subcontractors who have had business transactions with the provider;
  - e) The identity of any person named in compliance with (a) and (b) above, who has been convicted of a criminal offense related to that person's involvement in any program under Medicare, Medicaid, or Title XX services programs since the inception of those programs.
12. To provide to the DHS identifying information, including name, specialty, date of birth, Social Security number, national provider identifier, (NPI) (if eligible for an NPI), Federal taxpayer identification number, and State license or certification for purposes of enrollment with the State Medicaid program.
13. To include its NPI (if eligible for an NPI) on all claims submitted under the Medicaid program.
14. To comply with the advance directives requirements specified in 42 CFR Part 489, Subpart I.

**Modifications to this agreement cannot and will not be agreed to. Altering this agreement in any way voids the Department of Health Services' signature. This agreement is not transferable or assignable.**

Name – Provider (Typed or Printed)

SIGNATURE – Provider

Date Signed

**FOR DMS USE ONLY (DO NOT WRITE BELOW THIS LINE)**

SIGNATURE – Department of Health Services

Date Signed



8/14/17

## Credentialing Requirements List

Vendors in the following occupations or fields must send a copy of the license and/or certificate.

**Failure to send a copy of the license and/or certificate will delay payment.**

Please note not all occupations listed here can receive payment.

Acupuncturist	Optometrist
Adult Family Home (1-2 bed)	Orthoptist
Adult Family Home (3-4 bed)	Perfusionist
Advanced Practice Nurse Prescriber	Personal Emergency Response System (PERS) Installer
Anesthesiologist Assistant	Personal Trainer
Art Therapist	Pharmacist
Athletic Trainer	Pharmacy (In State)
Audiologist	Pharmacy (Out of State)
Behavior Analyst	Physical Therapist
Camp	Physical Therapist Assistant
Chiropractic Radiological Technician	Physician
Chiropractic Technician	Physician Assistant
Chiropractor	Podiatrist
Clinical Substance Abuse Counselor	Prevention Specialist
Clinical Supervisor In Training	Prevention Specialist in Training
Community-based Residential Facility (CBRF) (only for respite services)	Prevocational Services
Controlled Substances Special Use Authorization	Private Pract. School Psychologist
Contractor (Trade Professions)	Professional Counselor
Dance Therapist	Prosthetist
Dental Hygienist	Psychologist
Dentist	Residential Care and Apartment Complex (RCAC)
Dietitian	Registered Nurse
Drug or Device Manufacturer	Registered Sanitarian
Hearing Instrument Specialist	Respiratory Care Practitioner
Home Medical Oxygen Provider	Sign Language Interpreter
Independent Clinical Supervisor	Sign Language Interpreter (Restricted)
Intermediate Clinical Supervisor	Social Worker
Licensed Midwives	Social Worker - Advanced Practice
Licensed Practical Nurse	Social Worker - Independent
Licensed Radiographer	Social Worker - Licensed Clinical
Limited X-Ray Machine Operator Permit	Social Worker - Training Certificate
Marriage and Family Therapist	Speech-Language Pathologist
Massage Therapist or Bodywork Therapist	Substance Abuse Counselor
Music Therapist	Substance Abuse Counselor in Training
Nurse - Midwife	Taxi and Transportation Services
Occupational Therapist	Teacher
Occupational Therapy Assistant	Veterinarian
	Veterinary Technician
	Wholesale Distributor of Prescription Drugs

State of Wisconsin, Department of Safety and Professional Services. <http://dps.wi.gov/Licenses-Permits/Credentialing> (accessed March, 2017).



## Adult Family Home Information

- Instructions:**
1. Complete only if providing Adult Family Home (AFH) services.
  2. AFH Contact Person signs at the bottom.
  3. **Attach a copy of your current AFH Certificate or your extension letter from the State of Wisconsin. Failure to do so may delay payment.**

Name of Adult Family Home: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

According to § 131 of the IRS tax code, certain foster care payments are not taxable as income. The purpose of this form is to assist iLIFE in determining whether this is the case. If it appears that you qualify, you have the option of requesting that a 1099, or equivalent form, not be prepared at year end by iLIFE for you. However you are responsible for determining whether payments made to you are taxable or not, and paying the taxes on that income if it is taxable. iLIFE will not be held responsible for any taxes, interest or penalties on income paid to you.

Please answer all of the questions noted below or the form will be returned to you. If you do not complete this form or if iLIFE does not receive this form, you may be issued a 1099 at year end. Even if you are issued a 1099 form, it is up to you and your tax advisor to determine if the amount needs to be claimed as taxable income.

1. Are you subject to back-up withholding?  
 Yes  
 No
2. How is your business organized?  
 Individual/Sole Proprietor  
 Corporation  
 Partnership  
 LLC  
 Other, please specify: \_\_\_\_\_
3. Is the Adult Family Home also your primary home?  
 Yes  
 No
4. Number of adult clients, please specify number \_\_\_\_\_
5. Do you provide respite care?  
 Yes  
 No
6. I am requesting that iLIFE not issue a 1099-Misc, or equivalent form, as my Adult Living Facility is exempt from state and federal taxes.  
 Yes  
 No

I have read and understand the information on this sheet. To the best of my knowledge, the answers that I have provided above are true and correct. I understand that I solely am responsible for determining the taxability and reporting of income. iLIFE will not be held responsible for any taxes, interest or penalties on income paid to me.

AFH Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_





- |   |   |  |
|---|---|--|
| <p>5. Has any government or regulatory agency (other than the police) ever found that you misappropriated (improperly took or used) the property of a person or client?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>     | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Has any government or regulatory agency (other than the police) ever found that you abused an <b>elderly person</b>?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>7. Do you have a government issued credential that is not current or is limited so as to restrict you from providing care to clients?<br/>If <b>Yes</b>, explain, including credential name, limitations or restrictions, and time period.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**SECTION B – OTHER REQUIRED INFORMATION**

- |   |   |  |
|---|---|--|
| <p>1. Has any government or regulatory agency ever limited, denied, or revoked your license, certification, or registration to provide care, treatment, or educational services?<br/>If <b>Yes</b>, explain, including when and where it happened.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>2. Has any government or regulatory agency ever denied you permission or restricted your ability to live on the premises of a care providing facility?<br/>If <b>Yes</b>, explain, including when and where it happened and the reason.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>3. Have you been discharged from a branch of the US Armed Forces, including any reserve component?<br/>If <b>Yes</b>, indicate the year of discharge:<br/>Attach a copy of your DD214, if you were discharged within the last three (3) years.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>4. Have you resided outside of Wisconsin in the last three (3) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>  | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>5. If you are employed by or applying for the State of Wisconsin, have you resided outside of Wisconsin in the last seven (7) years?<br/>If <b>Yes</b>, list each state and the dates you resided there.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>6. Have you had a caregiver background check done within the last four (4) years?<br/>If <b>Yes</b>, list the date of each check, and the name, address, and phone number of the person, facility, or government agency that conducted each check.</p>   | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |
| <p>7. Have you ever requested a rehabilitation review with the Wisconsin Department of Health Services, a county department, a private child placing agency, school board, or DHS-designated tribe?<br/>If <b>Yes</b>, list the review date and the review result. You may be asked to provide a copy of the review decision.</p> | <p>Yes<br/><input type="checkbox"/></p> | <p>No<br/><input type="checkbox"/></p> |

**Read and initial the following statement.**

I have completed and reviewed this form (F-82064, BID) and affirm that the information is true and correct as of today's date.

<p><b>NAME</b> – Person Completing This Form</p>	<p>Date Submitted</p>
--	-----------------------



## Fiscal Agent Vendor Direct Deposit Authorization

**Instructions:** 1. Vendor completes all information and signs at the bottom.  
2. Attach a voided check or typed bank verification with the account and routing numbers and account holder's name.  
**NOTE:** To be effective for the pay date, submit this form at least five business days before the pay date.

Vendor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Tax Identification Number (EIN or Last Four Digits of SSN): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Type of Account:  Checking  Savings

### Required Documents

Attach either a voided check or a letter from the bank.

- Starter checks may not be used.
- Must have the routing and account numbers for the account.
- Must be typed.
- Letter must be printed on bank letterhead and state type of account (checking or savings) and account holder's name.

As an authorized representative of the Vendor Name listed above, I hereby authorize iLIFE to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my bank account at the financial institution noted above.

This authorization is to remain in full force and effect until iLIFE receives written notice from me of its termination, in such time and manner as to allow iLIFE and the financial institution a reasonable opportunity to act on it.

Vendor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## 2025 Fiscal Agent Payroll Payment Schedule

Pay Period	Pay Period Start Date Sunday at 12:00 AM	Pay Period End Date Saturday at 11:59 PM	Due Date (Friday)	Pay Date (Friday)
<b>P1</b>	12/08/24	12/21/24	<b>12/27/24</b>	01/10/25
<b>P2</b>	12/22/24	01/04/25	<b>01/10/25</b>	01/24/25
<b>P3</b>	01/05/25	01/18/25	<b>01/24/25</b>	02/07/25
<b>P4</b>	01/19/25	02/01/25	<b>02/07/25</b>	02/21/25
<b>P5</b>	02/02/25	02/15/25	<b>02/21/25</b>	03/07/25
<b>P6</b>	02/16/25	03/01/25	<b>03/07/25</b>	03/21/25
<b>P7</b>	03/02/25	03/15/25	<b>03/21/25</b>	04/04/25
<b>P8</b>	03/16/25	03/29/25	<b>04/04/25</b>	04/18/25
<b>P9</b>	03/30/25	04/12/25	<b>04/18/25</b>	05/02/25
<b>P10</b>	04/13/25	04/26/25	<b>05/02/25</b>	05/16/25
<b>P11</b>	04/27/25	05/10/25	<b>05/16/25</b>	05/30/25
<b>P12</b>	05/11/25	05/24/25	<b>05/30/25</b>	06/13/25
<b>P13</b>	05/25/25	06/07/25	<b>06/13/25</b>	06/27/25
<b>P14</b>	06/08/25	06/21/25	<b>06/27/25</b>	07/11/25
<b>P15</b>	06/22/25	07/05/25	<b>07/11/25</b>	07/25/25
<b>P16</b>	07/06/25	07/19/25	<b>07/25/25</b>	08/08/25
<b>P17</b>	07/20/25	08/02/25	<b>08/08/25</b>	08/22/25
<b>P18</b>	08/03/25	08/16/25	<b>08/22/25</b>	09/05/25
<b>P19</b>	08/17/25	08/30/25	<b>09/05/25</b>	09/19/25
<b>P20</b>	08/31/25	09/13/25	<b>09/19/25</b>	10/03/25
<b>P21</b>	09/14/25	09/27/25	<b>10/03/25</b>	10/17/25
<b>P22</b>	09/28/25	10/11/25	<b>10/17/25</b>	10/31/25
<b>P23</b>	10/12/25	10/25/25	<b>10/31/25</b>	11/14/25
<b>P24</b>	10/26/25	11/08/25	<b>11/14/25</b>	11/28/25
<b>P25</b>	11/09/25	11/22/25	<b>11/28/25</b>	12/12/25
<b>P26</b>	11/23/25	12/06/25	<b>12/12/25</b>	12/26/25

- Each pay period begins on the listed Sunday at 12:00 AM and ends two weeks later on the listed Saturday at 11:59 PM.
- Timesheets may be submitted from the pay period end date to the due date.
- Please make sure the timesheet is complete and correct before submitting it to iLIFE.

**Submit Timesheets via:**

**Email:** [fiscal@iLIFE.org](mailto:fiscal@iLIFE.org)  
**Fax:** 414-918-8130  
**Mail:** P.O. Box 80455, Milwaukee, WI 53208

(11/2024)









## Fiscal Agent Invoice

Program: \_\_\_\_\_

Vendor/Provider		Employer/Client	
<b>Name</b>		<b>Name</b>	
<b>Address</b>		<b>Address</b>	
<b>Phone</b>		<b>Phone</b>	

<b>Authorization Date</b> (pay period of service)		<ul style="list-style-type: none"> <li>Only 1 pay period per invoice.</li> <li>Pay period must conform to Vendor Payment Schedule.</li> </ul>
--	--	---

Date(s) of Service	Service Code + Service Type	Number of Hours	Rate	Total (\$)
<b>Invoice Total</b>				

**IMPORTANT:** Invoices must be submitted within 60 days of service. Invoices submitted for service(s) provided more than 60 days before the submission date will not be paid.

By signing below, all parties agree that the service(s) mentioned above were completed as specified.

Vendor/Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer/Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit completed invoices via:  
**Email:** fiscal@iLIFE.org  
**Fax:** 414-918-8130  
**Mail:** iLIFE Fiscal Agent, P.O. Box 80455, Milwaukee, WI 53208





## Fiscal Agent Invoice

Program: \_\_\_\_\_

Vendor/Provider		Employer/Client	
<b>Name</b>	ABC Company	<b>Name</b>	
<b>Address</b>	1234 Main Street Milwaukee, WI 12345	<b>Address</b>	987 Main Street Milwaukee, WI 12345
<b>Phone</b>		<b>Phone</b>	

<b>Authorization Date</b> (pay period of service)		<ul style="list-style-type: none"> <li>Only 1 pay period per invoice.</li> <li>Pay period must conform to Vendor Payment Schedule.</li> </ul>
--	--	---

Date(s) of Service	Service Code + Service Type	Number of Hours	Rate	Total (\$)
<b>Invoice Total</b>				

**IMPORTANT:** Invoices must be submitted within 60 days of service. Invoices submitted for service(s) provided more than 60 days before the submission date will not be paid.

By signing below, all parties agree that the service(s) mentioned above were completed as specified.

Vendor/Provider Signature: ABC Company Representative Date: 3/28/2019

Employer/Client Signature: John Doe Date: 3/28/2019

Submit completed invoices via:  
**Email:** fiscal@iLIFE.org  
**Fax:** 414-918-8130  
**Mail:** iLIFE Fiscal Agent, P.O. Box 80455, Milwaukee, WI 53208