

## WIL VETERAN IN CHARGE EMPLOYER PAPERWORK CHECKLIST

DOCUMENT NAME	REQUIRED/OPTIONAL
<b>Form SS-4:</b> Application for Employer Identification Number	Required
<b>Form 2678:</b> Employer/Payer Appointment of Agent	Required
<b>Form 8821:</b> Tax Information Authorization	Required
<b>Form DFC041:</b> Limited Power of Attorney	Required
WIL Veteran in Charge Authorized Representative Form	Optional
WIL Veteran in Charge Worker Rates & Employer Costs	Informational

**NOTE:**

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.



**WIL VETERAN IN CHARGE  
AUTHORIZED REPRESENTATIVE  
SET-UP FORM**

**Instructions:** Please fill out any information in Sections 1 and 2, where applicable. Veterans are required to sign and date at the bottom of the form. If a Veteran has an Authorized Representative, the AR must also sign and date the form. Please submit the completed form to **Premier Financial Management Services (Premier FMS)** via one of the following options below:

**Mail:**  
10425 W North Ave.  
Suite 345  
Milwaukee, WI 53226

**Email:**  
WIL@premier-fms.com

**Fax:**  
(855) 423-1650

**VETERAN'S INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**AUTHORIZED REPRESENTATIVE'S INFORMATION (If applicable)**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_ Social Security Number: \_\_\_\_\_

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection.

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# 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](http://www.irs.gov/FormSS4) for instructions and the latest information.

EIN

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested	
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Don't enter a P.O. box.)
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)
	<b>6</b> County and state where principal business is located	
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b</b> If 8a is "Yes," enter the number of LLC members	
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.		
<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 type="checkbox"/> Other (specify) _____ Group Exemption Number (GEN) if any		
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country
<b>10</b> <b>Reason for applying</b> (check only one box)		
<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 type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> _____ <input type="checkbox"/> Created a pension plan (specify type) _____		
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year	
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none).	<b>14</b> Reserved for future use	
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)		
<b>16</b> Check <b>one</b> box that best describes the principal activity of your business.		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> _____ <input type="checkbox"/> Other (specify) _____		
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
<b>18</b> Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," write previous EIN here		
<b>Third Party Designee</b>	Complete this section <b>only</b> 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	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
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.		Applicant's telephone number (include area code)
Name and title (type or print clearly)		Applicant's fax number (include area code)
Signature	Date	

## Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.<sup>1</sup> See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-13, and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 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) <sup>2</sup>	complete lines 1-18 (as applicable).
purchased a going business <sup>3</sup>	doesn't 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 <sup>4</sup>	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator <sup>5</sup>	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 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 <sup>6</sup>	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 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 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, 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, 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 <sup>7</sup>	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes <sup>8</sup> , 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	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation <sup>9</sup>	complete lines 1-18 (as applicable).

<sup>1</sup> 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 doesn't have employees.

<sup>2</sup> However, don't 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).

<sup>3</sup> Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

<sup>4</sup> However, grantor trusts that don't 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.

<sup>5</sup> A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

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

<sup>7</sup> See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

<sup>8</sup> See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

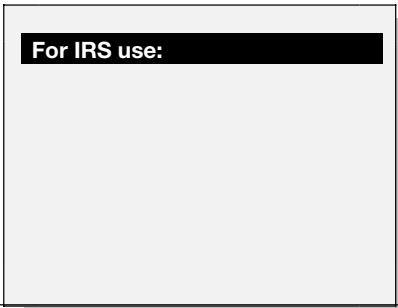
<sup>9</sup> An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

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)

\_\_\_\_\_

**3 Trade name** (if any)

\_\_\_\_\_

**4 Address**

\_\_\_\_\_

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)*	<input type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input 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**

\_\_\_\_\_

Print your name here

\_\_\_\_\_

Print your title here

\_\_\_\_\_

Date

\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Best daytime phone

\_\_\_\_\_

**Now give this form to the agent to complete.** ➔

## Tax Information Authorization

▶ Go to [www.irs.gov/Form8821](http://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)
	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. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
<b>Check if to be sent copies of notices and communications</b> <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

**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.

Signature	Date
Print Name	Title (if applicable)

**DEPARTMENT OF WORKFORCE SERVICES**

**LIMITED POWER OF ATTORNEY**

**EMPLOYER NAME:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_

**WORKERS' COMPENSATION  
EMPLOYER #** \_\_\_\_\_

**UNEMPLOYMENT INSURANCE  
EMPLOYER #** \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

I/We have appointed \_\_\_\_\_ as our agent to represent our company in Unemployment Insurance and/or Workers' Safety and Compensation matters until further notice.

Authorized agent's telephone number: \_\_\_\_\_

Authorized agent's address: \_\_\_\_\_

This representation includes:

1. The presenting of completed forms, including claims for refund or adjustment of account, employer's protest of benefit claims, and information relative thereto.
2. All matters affecting merit rating, contributions and/or direct reimbursements.
3. The personal discussion of any or all of the foregoing with proper officials of the State of Wyoming Unemployment Tax Division, Unemployment Insurance Division, and the Workers' Safety and Compensation Division.
4. This appointment supersedes and replaces any prior authorization which our company may have filed with your agency.

**Authorized by** \_\_\_\_\_ **Title** \_\_\_\_\_

**Phone #** \_\_\_\_\_ **Date** \_\_\_\_\_

RETURN TO:  
WORKERS' COMPENSATION  
EMPLOYER SERVICES  
1510 EAST PERSHING BLVD  
CHEYENNE, WY 82001  
FAX: 307-777-5298

or

UNEMPLOYMENT TAX DIVISION  
EMPLOYER SERVICES  
P O BOX 2760  
CASPER, WY 82602-2760  
FAX: 307-235-3278



## WIL VETERAN IN CHARGE AUTHORIZED REPRESENTATIVE FORM

Veteran Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### I. Authorized Representative Designation (check ONLY one box):

- I designate \_\_\_\_\_ to serve as my Authorized Representative for the Veteran in Charge (VIC) Program.
- My legal guardian, \_\_\_\_\_ (legal guardian), designates \_\_\_\_\_ to serve as Authorized Representative for the Veteran in Charge (VIC) Program.
- The person granted power of attorney for me, \_\_\_\_\_ (Power of Attorney), designates \_\_\_\_\_ to serve as Authorized Representative for the Veteran in Charge (VIC) Program.

### II. Authorized Representative Information:

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_

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

Relationship to Veteran: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

### III. Authorized Representative Record Agreement:

I, \_\_\_\_\_ (full name) agree to serve as the Authorized Representative on behalf of \_\_\_\_\_ who is a participant in the Veteran in Charge (VIC) Program.

#### Requirements for Authorized Representative:

1. I am at least 18 years of age.
2. I know the participant very well.
3. I understand the kinds of care s/he needs and how s/he wants care to be given.
4. I know the participant's schedule and routine.
5. I know the participant's health care needs and the medicine s/he takes.
6. I am willing and able to do all of the things that are required to be the Authorized Representative for this VIC Program participant.
7. I will be present in the participant's home often enough to properly supervise staff. This usually means at least part of every employee's shift.
8. I understand that I will be the Authorized Representative for the employees who will provide care for this participant—they will work for me (instead of the Veteran). I understand this means that I will be responsible for most of the things that any other employer would do including training, supervision and termination of services.
9. I understand I will need to provide Premier Financial Management Services my Social Security number and will complete all federal Authorized Representative forms.



10. I understand that I cannot be paid to be the Authorized Representative.
11. I understand that I cannot be a paid employee in the VIC Program if I serve as the Authorized Representative.

**Tasks completed in partnership with the VIC participant:**

1. Find, interview and hire employees to provide care.
2. Define employees' job duties.
3. Develop a job description for employees.
4. Train employees to deliver care based on the participant's needs and preferences.
5. Set the schedule at which employees will give care.
6. Make sure employees work only as many hours as stated on the Veteran's Services Plan.
7. Supervise and evaluate employees' job performance.
8. Address problems or concerns with employees' performance.
9. Terminate an employee when needed.
10. Decide how much employees will be paid (within limits set by the State).
11. Review the time employees report to be sure it is correct.
12. Develop a back-up plan to address times that a scheduled employee doesn't report for their shift (the participant's health and safety must be assured).
13. Activate the back-up plan when needed to be sure the participant doesn't go without needed care.

I willingly accept **all** of the responsibilities of serving in this role. I understand that I will receive help from Wyoming Independent Living and Premier Financial Management Services in serving as an employer in the VIC Program.

1. My local WIL Advisor will work with me on recruitment and hiring strategies and review the employer packet with the Veteran.
2. My local WIL Advisor will provide information on home care agencies for emergency back-up plans.
3. Premier Financial Management Services will assist me and the employees I employ fill out employer/employee paperwork. They will pay the employees for the care they give and they will file the payroll tax forms that I must fill out as an employer.
4. Premier Financial Management Services can't help me supervise employees. I understand that I must do this for myself.

By signing below, I affirm that I have read and understood my responsibilities and agree to perform all of the responsibilities of a representative as defined above. I also, affirm that any questions or concerns that I have with the Authorized Representative form have been answered to my satisfaction by the WIL Advisor or Premier Financial Management Services.

Veteran Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Legal Guardian/POA Signature (if applicable): \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

The following chart reflects the cost applied to an Employer's budget based on the hourly wage paid to a worker.

WORKER WAGE	EMPLOYER COST	WORKER WAGE	EMPLOYER COST	WORKER WAGE	EMPLOYER COST
\$9.00	\$9.85	\$12.75	\$13.96	\$16.50	\$18.06
\$9.25	\$10.13	\$13.00	\$14.23	\$16.75	\$18.34
\$9.50	\$10.40	\$13.25	\$14.50	\$17.00	\$18.61
\$9.75	\$10.67	\$13.50	\$14.78	\$17.25	\$18.88
\$10.00	\$10.95	\$13.75	\$15.05	\$17.50	\$19.16
\$10.25	\$11.22	\$14.00	\$15.33	\$17.75	\$19.43
\$10.50	\$11.49	\$14.25	\$15.60	\$18.00	\$19.70
\$10.75	\$11.77	\$14.50	\$15.87	\$18.25	\$19.98
\$11.00	\$12.04	\$14.75	\$16.15	\$18.50	\$20.25
\$11.25	\$12.32	\$15.00	\$16.42	\$18.75	\$20.53
\$11.50	\$12.59	\$15.25	\$16.69	\$19.00	\$20.80
\$11.75	\$12.86	\$15.50	\$16.97	\$19.25	\$21.07
\$12.00	\$13.14	\$15.75	\$17.24	\$19.50	\$21.35
\$12.25	\$13.41	\$16.00	\$17.52	\$19.75	\$21.62
\$12.50	\$13.68	\$16.25	\$17.79	\$20.00	\$21.89

EMPLOYER TAX BREAKDOWN	
FICA	7.65%
FUTA	0.60%
SUTA	1.22%
<b>TOTAL</b>	<b>9.47%</b>

To determine the Employer cost of an hourly worker wage that is not listed, simply multiply the rate by 1.0947.

**\*\*\*FICA and FUTA rates are subject to change based on changes to IRS tax tables.**