

DOCUMENT NAME	REQUIRED / OPTIONAL
Authorized Representative Form	Required
Form SS-4: Application for Employer Identification Number	Required
Form 2678: Employer/Payer Appointment of Agent	Required
Form 8821: Tax Information Authorization	Required
Form ACD-31102: Tax Information Designation and Power of Attorney for Representation	Required
Fraud and Abuse Statement Required	Required
Privacy Policy	Informational
CYMA Agreement	Required
Background Check Disclosure	Required

NOTE:

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



AUTHORIZED REPRESENTATIVE 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:

NMVDC@premier-fms.com

Fax:

(855) 250-4644

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. For any questions or concerns, please contact our office at 855-613-2898.

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.)
 ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested				
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name			
	4a Mailing address (room, apt., suite no. and street, or P.O. box)	5a Street address (if different) (Don't enter a P.O. box.)			
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)			
	6 County and state where principal business is located				
	7a Name of responsible party	7b SSN, ITIN, or EIN			
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶				
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
9a Type of entity (check only one box). Caution: 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 ▶ _____					
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country			
10 Reason for applying (check only one box)					
<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) ▶ _____					
11 Date business started or acquired (month, day, year). See instructions.	12 Closing month of accounting year				
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align:center;">Agricultural</td> <td style="width:33%; text-align:center;">Household</td> <td style="width:33%; text-align:center;">Other</td> </tr> </table>		Agricultural	Household	Other
			Agricultural	Household	Other
14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>					
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶					
16 Check one box that best describes the principal activity of your business.					
<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"/> Other (specify) ▶ _____					
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
18 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 ▶					

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	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.¹ 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), and 10-14 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), 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) ²	complete lines 1-18 (as applicable).
purchased a going business ³	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 ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 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 ⁶	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 ⁷	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 ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

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

² 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).

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

⁴ 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.

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

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

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

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

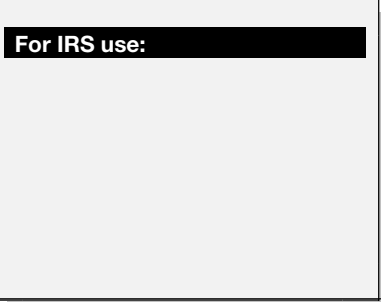
⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

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 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. _____
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"/>

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
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

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)

New Mexico Taxation and Revenue Department

Tax Information Authorization

Tax Disclosure

PLEASE TYPE OR PRINT IN BLACK INK

This form will expire three years from the date that this *Tax Information Authorization Tax Disclosure* form has been signed by the authorizing individual listed below. If your authorized representative changes, submit a new form to notify the Department.

Check one (Required): <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Revoke <input type="checkbox"/> Revoke <u>All</u>			
Section I: Taxpayer Information *Required Fields (If the required fields are not complete, this form is VOID and the taxpayer's information will not be shared.)			
Name(s)*		A. Tax Identification Number(s)*	
DBA Name(s) (If applicable)		SSN: _ _ - _ - _ - _ - _	
Mailing Address* (If the address is new or changed, mark this box <input type="checkbox"/>)		Spouse SSN: _ _ - _ - _ - _ - _	
City*		FEIN: _ _ - _ - _ - _ - _	
State*		NMBTIN: _ - _ - _ - _ - _ - _	
Zip Code*		B. Reporting Period(s)*	
Telephone Number ()		<input type="checkbox"/> All tax periods, or	
E-mail Address		Specify:	
Fax Number ()		Tax Year(s): _____	
		Starting Period: _____	
		Ending Period: _____	
		C. Tax Program(s)*	
		<input type="checkbox"/> All State Taxes	
		<input type="checkbox"/> Personal Income Tax	
		<input type="checkbox"/> Gross Receipts Tax	
		<input type="checkbox"/> Wage Withholding Tax	
		<input type="checkbox"/> Cannabis Excise Tax	
		<input type="checkbox"/> Compensating Tax	
		<input type="checkbox"/> Corporate Income Tax	
		<input type="checkbox"/> Fiduciary Income Tax	
		<input type="checkbox"/> Governmental Gross Receipts Tax	
		<input type="checkbox"/> Interstate Telecommunications Gross Receipts Tax	
		<input type="checkbox"/> Leased Vehicle Gross Receipts Tax and Surcharge	
		<input type="checkbox"/> Non-wage Withholding Tax	
		<input type="checkbox"/> Oil and Gas Tax	
		<input type="checkbox"/> Other: _____	
Section II: Authorized Representative Information			
Individual Representative's Name*		TAP Logon (If applicable)	
Mailing Address*		Telephone Number* ()	Fax Number ()
City*	State*	Zip Code*	E-Mail Address*
Section III: Information Authorization Check all that apply			
<input type="checkbox"/> A. Authorization to disclose tax information. The Department is authorized to disclose confidential tax information on file to the above-designated individual or firm.			
<input type="checkbox"/> B. Authorization of third-party representative to access Taxpayer Access Point (TAP). The taxpayer authorizes the above-designated individual to access TAP on their behalf. TAP discloses confidential tax information on file with the Taxation and Revenue Department. TAP allows for the submission of returns, payments, and refund requests.			
<input type="checkbox"/> C. Designation of third-party representative. The Department is notified that the above-designated individual or firm has been authorized to represent the taxpayer(s) before the Taxation and Revenue Department. The representative is authorized to perform all authorized acts that the taxpayer(s) can perform for the designated tax programs and tax periods, except for acts that only an individual admitted and licensed as a qualified representative in New Mexico can perform.			
<input type="checkbox"/> D. Designation of qualified representative. The Department is notified that the above-designated individual or firm has been authorized and is qualified to represent the taxpayer(s) before the Taxation and Revenue Department in a protest or administrative hearing.			
i. Designation type: _____			
ii. License/Enrollment Number: _____			
iii. State of Jurisdiction: _____			
Authorizing Signature(s)			
By signing below, I acknowledge that the authorized individual representative(s) listed above, have the authority to receive Federal and State confidential information on behalf of the taxpayer listed above in tax matters related to this form per NMSA 1978, § 7-1-8 and 26 U.S.C. § 6103. By signing below, I (the taxpayer) am authorizing the New Mexico Taxation and Revenue Department Secretary or Secretary's delegate, to use facsimile, e-mail, or both. I understand that the fax numbers and e-mail addresses above will be used when providing confidential information.			
Printed Name*		Printed Name	
Title		Title	
Signature*	Date*	Signature	Date
<ul style="list-style-type: none"> • For taxpayers authorizing the Department to disclose return information for a married filing joint personal income tax return, both taxpayers must sign this form. • For a business or estate this form must be signed by a corporate officer, partner, or fiduciary who has been previously identified as such to the Department. 			

New Mexico Taxation and Revenue Department
Tax Information Authorization
Tax Disclosure
Instructions

Who is required to submit ACD-31102

The Tax Information Authorization Tax Disclosure form is for a taxpayer who wants to give authorization to access their tax information to an individual who is not their spouse. A taxpayer can choose to authorize an individual or firm to access their tax information for filing purposes or research purposes by submitting a completed ACD-31102, *Tax Information Authorization Tax Disclosure*. A separate ACD-31102 is needed for multiple individuals and/or firms.

This form should also be used to update or revoke previously granted authorization to your tax information.

Should you need assistance completing this form or if you have any questions, please contact the Department:

Phone: 1-866-285-2996

Once the completed forms and attachments have been reviewed and processed, the individual or firm will be granted access to your taxpayer information.

Line Instruction

Check the box to indicate if this is a New, Update, Revoke*, or Revoke All* request.

*If you need to revoke access to a previously authorized individual or firm, fill out their information in **Section II: Authorized Representative Information**. If you wish to revoke all access by all authorized individuals or firms select/mark *Revoke All*.

Section I: Taxpayer Information

Provide all required information about the taxpayer. Required information is identified by asterisk (*).

Fill out the following information:

Name(s)*, Doing Business As (DBA), Mailing address*, City*, State*, Zip Code*, Telephone Number, E-mail address, and Fax Number.

A. Tax Identification Number(s)*

Provide all applicable tax identification numbers for the taxpayer.

B. Reporting Period(s)*

If you want your authorized representative to have access to all taxpayer data, current and historical select/mark *All Tax Periods*.

If you want to grant access to a specific time frame, provide that information in the space provided.

Tax Year(s)- provide the tax year or tax years for which you

are granting authorization.

Starting Period/Ending Period- provide both the starting period and the ending period if you are granting access for a specified time frame.

IMPORTANT: The Tax Information Authorization, commonly referred to as a TIA, is valid for three years from the taxpayer(s) signature date. Once that time frame has expired, a new TIA is required.

C. Tax Program(s)

Check all tax programs that pertain to your tax situation. If the tax program is not selected, access will not be allowed, and you will be required to submit a new ACD-31102 for access to be granted. If selecting other, please specify in the space provided.

Section II: Authorized Representative Information

This form allows you to designate a tax authorization to a single individual or firm. If multiple individuals or firms need access to your taxpayer information, you must submit Form ACD-31102 for each individual or firm.

Section III: Information Authorization

A. through D. Please read the checkbox list carefully and mark all that apply to your tax situation. Your selection will determine what level of access your representative will be granted.

D. Designation of Qualified Representative. You must provide the following information if known:

- i. Designation type (Attorney, Certified Public Accountant (CPA), Enrolled Agent, Other-specify
- ii. License Number
- iii. State of Jurisdiction

Authorizing Signature

This form must be signed by the taxpayer or taxpayers, if married filing joint. If this form is being submitted for business or estate, this form must be signed by a corporate officer, partner, or fiduciary.

Form Submission

You can mail or email your completed authorization form to the Department:

Mail: NM Taxation and Revenue Department
Attn: Compliance Registration Unit
PO Box 8485
Albuquerque, NM 87198

E-mail: Business.Reg@tax.nm.gov

FRAUD & ABUSE STATEMENT

Fraud is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or herself or some other person. The key behind fraud is intent. A person or entity will misrepresent information to obtain something of value that they would otherwise not qualify for. Fraud can be done by a single person, institution or a group. Anyone can commit fraud.

Examples of Medicaid Fraud include, but are not limited to:

- Knowingly and/or purposefully filling out a timesheet incorrectly for hours or services that were not provided during the times listed or on the day listed;
- Knowingly and/or purposefully approving the Vendor Fiscal/Employer Agent (F/EA) Financial Management Service (FMS) to bill the VA for services that were not provided;
- Knowingly and/or purposefully using the PDS budget for any other purpose than what has been approved in the participant's individual service plan.
- Knowingly and/or purposefully allowing an employee to submit for services or hours that were not provided.
- Knowingly and/or purposefully submitting invoices to the Vendor F/EA FMS for goods and services that were not provided.
- Knowingly and/or purposefully having the Vendor F/EA FMS pay for services to an individual when services were provided by someone else.
- Knowingly or purposefully withholding information from authorities during an investigation.

Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Veterans program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care.

Examples of Abuse include:

- Making errors when filling out the employee timesheets and not reporting those errors in a timely manner to the FMS.
- Employee billing for services when the veteran is in the hospital.

There are several ways that Veterans and Employers can report Fraud and Abuse. Please review the different ways outlined below:

Premier Fiscal Management Services

If you suspect fraud, waste or abuse within the New Mexico Veteran Directed Care Program please contact Premier Fiscal Management Services. The customer service representative and Account Coordinator can work with you to ensure instances are corrected and prevented in the future.

Toll free phone: 855-613-2898
Email: nmvdc@premier fms.com

VHA Integrity and Compliance Helpline

If you suspect fraud or abuse impacting Veterans or VA programs or if you think there might be an issue with a service that you received, claim, bill or incidents that you feel fall within Fraud or Abuse please contact the VHA Integrity and Compliance Helpline.

Toll-free phone:
866-842-4357 (VHA-HELP)
24 hours/7 days a week
Email: VHAOICHelpline@va.gov

Mailing Address:
ATTN: Integrity and Compliance Helpline (10OIC)
810 Vermont Avenue, NW
Washington DC 20420

Fraud and Abuse is a crime against all taxpayers and is both a state and federal offense. All allegations must be reported directly to Premier for investigation. Premier will report all allegations to the state program office. Fraud and Abuse may lead to termination of services.

"I have read Fraud and Abuse Statement, I understand it and agree to comply."

Veteran Signature

Date

Authorized Representative's Signature

Date



Protecting your private information is our priority. This Statement of Privacy applies to <https://premier-fms.com/>, and PremierFMS and governs data collection and usage. For the purposes of this Privacy Policy, unless otherwise noted, all references to PremierFMS include <https://premier-fms.com/> and PremierFMS. The PremierFMS website is an information site. By using the PremierFMS website, you consent to the data practices described in this statement.

Collection of your Personal Information

We do not collect any personal information about you unless you voluntarily provide it to us. However, you may be required to provide certain personal information to us when you elect to use certain products or services. These may include: (a) registering for an account; (b) entering a sweepstakes or contest sponsored by us or one of our partners; (c) signing up for special offers from selected third parties; (d) sending us an email message; (e) submitting your credit card or other payment information when ordering and purchasing products and services. To wit, we will use your information for, but not limited to, communicating with you in relation to services and/or products you have requested from us. We also may gather additional personal or non-personal information in the future.

Sharing Information with Third Parties

PremierFMS does not sell, rent or lease its customer lists to third parties.

PremierFMS may share data with trusted partners to help perform statistical analysis, send you email or postal mail, provide customer support, or arrange for deliveries. All such third parties are prohibited from using your personal information except to provide these services to PremierFMS, and they are required to maintain the confidentiality of your information.

PremierFMS may disclose your personal information, without notice, if required to do so by law or in the good faith belief that such action is necessary to: (a) conform to the edicts of the law or comply with legal process served on PremierFMS or the site; (b) protect and defend the rights or property of PremierFMS; and/or (c) act under exigent circumstances to protect the personal safety of users of PremierFMS, or the public.

Tracking User Behavior



PremierFMS may keep track of the websites and pages our users visit within PremierFMS, in order to determine what PremierFMS services are the most popular. This data is used to deliver customized content and advertising within PremierFMS to customers whose behavior indicates that they are interested in a particular subject area.

Automatically Collected Information

Information about your computer hardware and software may be automatically collected by PremierFMS. This information can include: your IP address, browser type, domain names, access times and referring website addresses. This information is used for the operation of the service, to maintain quality of the service, and to provide general statistics regarding use of the PremierFMS website.

Links

This website contains links to other sites. Please be aware that we are not responsible for the content or privacy practices of such other sites. We encourage our users to be aware when they leave our site and to read the privacy statements of any other site that collects personally identifiable information.

Security of your Personal Information

PremierFMS secures your personal information from unauthorized access, use, or disclosure. PremierFMS uses the following methods for this purpose:

- SSL Protocol

When personal information (such as a credit card number) is transmitted to other websites, it is protected through the use of encryption, such as the Secure Sockets Layer (SSL) protocol.

We strive to take appropriate security measures to protect against unauthorized access to or alteration of your personal information. Unfortunately, no data transmission over the Internet or any wireless network can be guaranteed to be 100% secure. As a result, while we strive to protect your personal information, you acknowledge that: (a) there are security and privacy limitations inherent to the Internet which are beyond our control; and (b) security, integrity, and privacy of any and all information and data exchanged between you and us through this Site cannot be guaranteed.



Right to Deletion

Subject to certain exceptions set out below, on receipt of a verifiable request from you, we will:

- Delete your personal information from our records; and
- Direct any service providers to delete your personal information from their records.

Please note that we may not be able to comply with requests to delete your personal information if it is necessary to:

- Complete the transaction for which the personal information was collected, fulfill the terms of a written warranty or product recall conducted in accordance with federal law, provide a good or service requested by you, or reasonably anticipated within the context of our ongoing business relationship with you, or otherwise perform a contract between you and us;
- Detect security incidents, protect against malicious, deceptive, fraudulent, or illegal activity; or prosecute those responsible for that activity;
- Debug to identify and repair errors that impair existing intended functionality;
- Exercise free speech, ensure the right of another consumer to exercise his or her right of free speech, or exercise another right provided for by law;
- Engage in public or peer-reviewed scientific, historical, or statistical research in the public interest that adheres to all other applicable ethics and privacy laws, when our deletion of the information is likely to render impossible or seriously impair the achievement of such research, provided we have obtained your informed consent;
- Enable solely internal uses that are reasonably aligned with your expectations based on your relationship with us;
- Comply with an existing legal obligation; or
- Otherwise use your personal information, internally, in a lawful manner that is compatible with the context in which you provided the information.

Children Under Thirteen

PremierFMS does not knowingly collect personally identifiable information from children under the age of thirteen. If you are under the age of thirteen, you must ask your parent or guardian for permission to use this website.



Premier
FINANCIAL MANAGEMENT SERVICES

PRIVACY POLICY

External Data Storage Sites

We may store your data on servers provided by third party hosting vendors with whom we have contracted.

Changes to this Statement

PremierFMS reserves the right to change this Privacy Policy from time to time. We will notify you about significant changes in the way we treat personal information by sending a notice to the primary email address specified in your account, by placing a prominent notice on our website, and/or by updating any privacy information. Your continued use of the website and/or Services available after such modifications will constitute your: (a) acknowledgment of the modified Privacy Policy; and (b) agreement to abide and be bound by that Policy.

Contact Information

PremierFMS welcomes your questions or comments regarding this Statement of Privacy. If you believe that PremierFMS has not adhered to this Statement, please contact PremierFMS at:

PremierFMS

10425 W. North Ave, Ste. 345

Wauwatosa, Wisconsin 53226

Email Address: info@premier-fms.com

Telephone number: 844.534.7225



VETERAN DIRECTED CARE
NEW MEXICO
CYMA AGREEMENT

Premier currently partners with the reporting agent CYMA to complete employer related activities on your behalf. CYMA, the reporting agent, has over 23 years of experience providing payroll services (running payroll, filing quarterly and yearly payroll taxes, issuing IRS Forms W-2 and IRS Forms 1099-NEC). The tasks that are being delegated are as follows:

- Payroll Processing by Program – W2 Employees and 1099 Vendors
- Federal and State Tax Liability Payments
- Federal Quarterly and Annual Filings – 941R, 940
- State Quarterly and Annual Filings
- New Hire Reporting
- Creation of Direct Deposit File – Upload of File to National Payment Corporation for payment to employees (Directly funded by Premier FMS)
- Physical Check printing and Mailing for Vendors not using Direct Deposit
- Amended State and Federal Returns – if Needed
- Employee Access to Web Portal for access to Direct Deposit Advice and W2 Printing

AUTHORIZATION

By signing the following you are acknowledging CYMA the information listed and are in agreement.

Print Name (Veteran/Representative): _____

Veteran/Representative Signature: _____ Date: ____ / ____ / ____



VETERAN DIRECTED CARE
NEW MEXICO
BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the New Mexico Veteran Directed Care program, to conduct a background check before authorized representatives are eligible to begin serving as an authorized representative/employer for a Veteran. PremierFMS will be running a background check. Successfully passing the background check is a condition of representing the Veteran.

First Name: _____ Middle Initial: _____ Last Name: _____

Maiden Name or Alias (if applicable): _____ Date of Birth: ____ / ____ / ____

AUTHORIZATION

By signing below, I certify that the information provided above is accurate. I authorize PremierFMS to conduct a background check. Furthermore, I understand that the results of the background checks will be shared with the New Mexico State Veteran Directed Care Program Coordinator and Veteran/ Authorized Representative.

Signature: _____ Date: ____ / ____ / ____

For any questions or concerns, please contact our office at 855.287.6638. Please submit the completed form to PremierFMS via one of the following options:

Mail

10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email

NMVDC@premier-fms.com

Fax

855.334.386