

DOCUMENT NAME	REQUIRED / OPTIONAL
Authorized Representative Set-Up 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
CADDO VDHCBS Employer of Record Form	Required
Form C-42: Written Authorization	Required
Workers' Compensation Form	Required
Background Check Disclosure	Required

NOTE:

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



CADDO VDHCBs 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 (PremierFMS)** via one of the following options:

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

Email:
PremierEnrollment@Premier-FMS.com

VETERAN'S INFORMATION

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____ Work #: _____

Email Address: _____ Gender: _____

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) 387-1377.

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 for instructions and the latest information.

EIN

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"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any _____	
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country	
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) _____ <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).		14 Reserved for future use	
Agricultural	Household		
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"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) _____		<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
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), 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) 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.

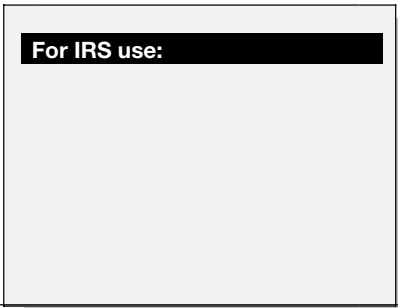
⁹ An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

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)

Veteran Name: _____ Date of Birth: ____ / ____ / ____

Email Address: _____ Gender: _____

EMPLOYER OF RECORD DESIGNATION (check ONLY one box):

I designate _____ to serve as my Employer of Record for the Veteran's Directed (VDHCBS) Program.

My legal guardian, _____ (legal guardian), designates _____ to serve as Employer of Record for the Veterans Directed (VDHCBS) Program.

The person granted power of attorney of me, _____ (Power of Attorney), designates: _____ to serve as Employer of Record for the Veteran's Directed (VDHCBS) Program.

EMPLOYER OF RECORD INFORMATION

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

Mailing Address: _____ City: _____ State: _____ Zip: _____

Home #: _____ Mobile #: _____

Email Address: _____

Relationship to Veteran: _____ Social Security Number: ____ / ____ / ____

EMPLOYER OF RECORD AGREEMENT

I, _____ (full name) agree to serve as the Employer of Record on behalf of _____ who is a participant in the Veteran's Directed (VDHCBS) Program.

Tasks completed in partnership with VDHCBS participants:

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 Veterans Services Plan.
7. Supervise and evaluate employees' 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 veteran's health and safety must be assured).
13. Activate the back-up plan when needed to be sure the veteran doesn't go without needed care.

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 Employer of Record form have been answered to my satisfaction by PremierFMS.

Print Name (Veteran): _____

Veteran Signature: _____ Date: ____ / ____ / ____

Print Name (Legal Guardian/POA, *if applicable*): _____

Legal Guardian/POA Signature (*if applicable*): _____ Date: ____ / ____ / ____

Print Name (Employer of Record): _____

Employer of Record Signature: _____ Date: ____ / ____ / ____

For any questions or concerns, please contact our office at **855.387.1377**. Please submit the completed form to PremierFMS via one of the following options:

Mail
10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email
PremierEnrollment@Premier-FMS.com

WRITTEN AUTHORIZATION

To represent employing unit in its relations with the Texas Workforce Commission

GRANTOR INFORMATION

1. CONTACT NAME: _____ 3. TWC ACCT NO. _____
2. PHONE NO. _____ 4. FEID NO. _____

*(5) BY THIS INSTRUMENT, _____
(Name of Grantor)

(6) an employing unit which is a/an _____
(Individual, Partnership, or Corporation, etc.)

(7) whose address is _____
(Grantor's current mailing address)

*(8) appoints _____
(Name of Authorized Grantee)

(9) whose TWC ACCOUNT NO. is _____

and whose address is _____,

its lawful representative to represent it in its relations with the Texas Workforce Commission, and specifically authorizes said representative to transact any and all business as between grantor of said authorization and said Commission to do any and all acts necessary, excluding litigation in court.

This Written Authorization shall be in full force and effect until such time as a Revocation of Written Authorization, Form C-43, revoking it is filed in the office of said Commission at Austin, Texas. (Revocable by either party, the Grantor or Grantee.)

*(10) _____
Printed name, signature and title (Owner, Partner, Officer, etc.) of person signing for Grantor.

*(11) **Date Signed** _____

***MANDATORY INFORMATION**



CADDO VDHCBS WORKERS' COMPENSATION FORM

WHO NEEDS WORKERS' COMPENSATION INSURANCE?

In almost every state, there are laws requiring certain types of businesses to carry workers compensation insurance. Since it can be expensive and time-consuming to determine whether an injured employee or the employer is "at fault" in a workplace accident, workers' compensation laws provide a consistent and fair way to handle the costs and compensation of work-place injuries and occupational diseases.

This document is specifically for employers who operate in the states of Arkansas, Louisiana, and Texas. **For employers within the state of Louisiana, Workers' Compensation insurance is required and you may not opt-out.** For employers operating within Arkansas and Texas, you must make an election and submit this form. You may choose to opt-in to provide Workers' Compensation insurance or simply opt-out.

Workers' compensation insurance, sometimes referred to as workman's comp or workers comp, helps protect both employees and employers if someone is injured on the job or develops a work-related illness.

A worker's compensation policy provides benefits for:

- Lost wages and benefits
- Medical care and rehabilitation services
- Legal representation and compliance services

Examples of workplace injuries that could be covered by workers comp insurance include injuries from lifting heavy objects, slipping and falling, or exposure to chemicals or fires. The injury or illness must have occurred due to a work-related event for workers compensation benefits to apply.

Would you like to opt-in to provide Workers' Compensation Insurance? Yes No

This only applies to Employers in Arkansas and Texas.

Veteran: _____

Employer of Record: _____

This only applies if the Veteran is not the employer.

Please note that if you choose to opt-out and would like to opt-in at a later time, it is your responsibility to let Premier Financial Management Services (Premier FMS) know of any changes by submitting this form with a new election.

Veteran/Employer of Record Signature: _____ Date: ____ / ____ / ____

Please submit the completed form to Premier FMS via one of the following options:

Mail:

10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:

PremierEnrollment@Premier-FMS.com



CADD0 - TEXAS
BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the CADD0 Veteran Directed Home and Community Bases Services 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 Texas 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

PremierEnrollment@Premier-FMS.com