

# INDEPENDENCE CENTER – COLORADO VETERAN DIRECTED CARE VETERAN CHECKLIST

DOCUMENT NAME	REQUIRED / OPTIONAL
Authorized Representative Form	Required
<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 DR0145:</b> Tax Information Designation and Power of Attorney for Representation	Required
<b>Form UITL-18:</b> Power of Attorney for Unemployment Insurance	Required
Background Check Disclosure	Required
Termination Agreement	Required
CYMA Agreement	Required
Fraud and Abuse Statement	Required
Privacy Policy	Required

## NOTE:

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

# INDEPENDENCE CENTER – COLORADO VETERAN DIRECTED CARE DOCUMENT DEFINITIONS

DOCUMENT NAME	DEFINITION
Authorized Representative Form	Allows an Authorized Representative to assume all program responsibility in place of the Veteran.
<b>Form SS-4:</b> Application for Employer Identification Number	Allows Premier to obtain an Employer Identification Number assigned by the IRS to businesses used to file employer taxes on your behalf.
<b>Form 2678:</b> Employer/Payer Appointment of Agent	Allows Premier the permission to pay your employees and generate W2s for them.
<b>Form 8821:</b> Tax Information Authorization	Allows Premier to access tax information for the EIN we obtained for you using the SS4.
<b>Form DR0145:</b> Tax Information Designation and Power of Attorney for Representation	Allows Premier to receive and inspect confidential tax information from the Colorado Department of Revenue.
<b>Form UITL-18:</b> Power of Attorney for Unemployment Insurance	Allows Premier to become Power of Attorney for the EIN obtained in the SS4.
Background Check Disclosure	Allows Premier to run a background check (For Authorized Representatives Only).

## INDEPENDENCE CENTER – COLORADO VETERAN DIRECTED CARE DOCUMENT DEFINITIONS

DOCUMENT NAME	DEFINITION
Termination Agreement	Outlines the steps the Employer of Record and Premier must take when the employer is looking to terminate an employee.
CYMA Agreement	Premier partners with CYMA to complete payroll for your employees.
Fraud and Abuse Statement	Outlines Premiers policy and procedures related to fraud and abuse.
Privacy Policy	Document that outlines how we protect your information.

INDEPENDENCE CENTER – COLORADO  
VETERAN DIRECTED CARE  
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 PremierFMS via one of the following options:

**Mail**

10425 W North Ave  
Suite 345  
Milwaukee, WI 53226

**Email**

PremierEnrollment@Premier-FMS.com

**SECTION 1: VETERAN'S INFORMATION**

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Initial

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile Phone

\_\_\_\_\_  
Work Phone

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

\_\_\_\_\_  
Gender

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Birth

\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
Social Security Number

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10425 W North Ave, Suite 345, Milwaukee, WI 53226 | Phone: 855.275.3948  
Fax: 855.325.4668 | ICVIC@Premier-FMS.com | [www.Premier-FMS.com](http://www.Premier-FMS.com)

PremierFMS ICVICCO Authorized Representative – LP: Rev 08.24

INDEPENDENCE CENTER – COLORADO  
VETERAN DIRECTED CARE  
AUTHORIZED REPRESENTATIVE FORM

**SECTION 2: AUTHORIZED REPRESENTATIVE'S INFORMATION**

*(If applicable)*

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

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

\_\_\_\_\_  
Home Phone                      Mobile Phone                      Work Phone

\_\_\_\_\_  
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 **855.275.3948**.

\_\_\_\_\_  
Veteran Signature                      Date

\_\_\_\_\_  
Authorized Representative Signature                      Date

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Fax: 855.325.4668 | ICVIC@Premier-FMS.com | [www.Premier-FMS.com](http://www.Premier-FMS.com)

PremierFMS ICVICCO Authorized Representative – LP: Rev 08.24

**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.

OMB No. 1545-0003

EIN

Type or print clearly.	<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"/> Other (specify)	<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		
Agricultural	Household	Other	
<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"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service
<input type="checkbox"/> Other (specify)			<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Wholesale-other			<input type="checkbox"/> Retail
<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)**

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**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
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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

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**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
<b>For IRS Use Only</b>
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 _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Telephone No. _____
	Fax No. _____
Name and address	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
	CAF No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	PTIN _____
	Telephone No. _____
Name and address	Fax No. _____
	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)



## Tax Information Designation and Power of Attorney for Representation

<b>Office Use Only</b>
Date Received:

Taxpayer Last Name or Business Name	First Name	Middle Initial	SSN, CAN or FEIN
Spouse's Last Name, if returns are filed jointly	First Name	Middle Initial	SSN or CAN
Address	City	State	Zip

Mark only one (the department will accept the federal form 2848, Power of Attorney and Declaration of Representative, in lieu of this document):

- ☐ **Tax Information Authorization:** Marking this box allows the department to disclose your confidential tax information to your designee. You may designate a person, agency, firm or organization. See Section 39-21-113 (4) (b).

☐ **Power of Attorney for Representation:** Mark this box if you want a person to "represent" you. This means the person may receive confidential information and may make tax decisions on your behalf.

For ☐ All Tax years or ☐ Specific tax years/filing periods:

I hereby appoint the following person as Designee for Tax Information or Attorney for Representation:

Last Name	First Name	Middle Initial
Mailing Address		Phone Number (   )
City	State	Zip Fax Number (   )
Name of business/firm (if applicable)		
Representative's title or relationship to taxpayer		
Last Name	First Name	Middle Initial
Mailing Address		Phone Number (   )
City	State	Zip Fax Number (   )
Name of business/firm (if applicable)		
Representative's title or relationship to taxpayer		

The above-named is authorized to receive my confidential information and/or represent me before the Colorado Department of Revenue for:

- ☐ All tax matters until this authorization is revoked in writing, **or**
- ☐ Specific tax matters as follows (mark all that apply):



<input type="checkbox"/> State Sales Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> Partnership Income Tax	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> State Consumer Use Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> Withholding Income Tax	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> Individual Income Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> All Department-Administered Sales Taxes	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> Corporate Income Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> All Department-Administered Consumer Use Taxes	Period (MM/DD/YY-MM/DD/YY) -
<input type="checkbox"/> Fiduciary Income Tax	Period (MM/DD/YY-MM/DD/YY) -	<input type="checkbox"/> Other tax (specify)	Period (MM/DD/YY-MM/DD/YY) -

If other, please explain

#### Signature of Taxpayer(s)

- I acknowledge the following provision: Actions taken by a Power of Attorney representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.
- Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer(s): I am authorized to sign this form on behalf of the entity or person identified above as the taxpayer because:
  - I am the taxpayer
  - The taxpayer is a corporation, and I am the corporate officer
  - The taxpayer is a partnership, and I am a partner
  - The taxpayer is a trust, and I am the trustee
  - The taxpayer is a decedent's estate, and I am the estate administrator
  - The taxpayer is a receivership, and I am the receiver
  - Other (if none of the above, then explain what representative capacity you have for the taxpayer)
- If a tax matter concerns a joint return, both spouses must sign if joint representation is requested. Taxpayers filing jointly may authorize separate representatives.

Signature	Print Name	Date (MM/DD/YY)
Title (if applicable)		Daytime telephone number ( )
Spouse Signature (if joint representation)	Print Name	Date (MM/DD/YY)

**Declaration of Representative** — I am authorized to represent the taxpayer(s) identified above for the tax matter(s) specified.

Signature	Date (MM/DD/YY)	Title
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Note: This authorization form automatically revokes and replaces all earlier tax information designations and/or earlier powers of attorney for representation on file with the Colorado Department of Revenue for the **same** tax matters and years or periods covered by this form. **Attach a copy of any other tax information authorization or power of attorney you want to remain in effect.**

If you do not want to revoke a prior authorization, taxpayer sign here	Spouse signature if returns are filed jointly
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Please complete the following, **if known** (for routing purposes only). Otherwise, you may mail this document or submit an electronically scanned copy of the document through Revenue Online, [www.Colorado.gov/RevenueOnline](http://www.Colorado.gov/RevenueOnline)

Revenue Employee	
Division	Section
Telephone Number ( )	Fax Number ( )

Send to: Colorado Department of Revenue Denver, CO 80261-0009

**If this tax information authorization or power of attorney form is not signed, it will be returned.**

## POWER OF ATTORNEY

Please print the information below. Instructions for completing this form are provided on the reverse.

### Employer Information

Employer Name	Trade Name	Employer Account Number (Required)	
Business Location Address Only (No P.O. Box Number)	City	State	ZIP Code

### Acceptance of New Power of Attorney

Effective Date of Acceptance _____	
Your acceptance of a new power of attorney supersedes any existing power of attorney previously approved by the Unemployment Insurance (UI) Division.	
Power of Attorney Complete Name and Address (No Abbreviations)	Telephone Number
	Email Address

Complete Mailing Address For UI Premium Information and/or forms such as: Wages Paid and Premiums Owed, Billing Statements, and UI Rate Notice.	Telephone Number
	Email Address

### Complete only if the benefits mailing address is different from the premiums mailing address you provided above.

Complete Mailing Address For UI Benefits Information and/or forms such as: Requests for Job-Separation Information and Wages Reported and Possible Charges.	Telephone Number
	Email Address

### Power-of-Attorney Signature

Print Name of the Power of Attorney Representative (Required)	Title
Power of Attorney Representative Signature (Required)	Date

### Employer Approval

I hereby grant permission to the above-named entity or individual to act on my behalf for the purpose stated on this document.		
Print Name of the Employer Official (Required)	Title	
Signature of Employer Official (Required)	*Date	
<input type="checkbox"/> SIDES (To add employer account information to SIDES), or go to: <a href="http://info.uisides.org">http://info.uisides.org</a>		
* Additional input must be received within 6-months from the date in the Employer Approval section.		
Office Use Only	Date	Q-Identification Number
Power of attorney is approved and input into the UI system.		

## INSTRUCTIONS FOR COMPLETING THE POWER OF ATTORNEY

### Employer Information

**Employer Name:** Type or print legibly the entity name or business name.

**Trade Name:** Type or print legibly the doing-business-as name or trade name.

**Employer Account Number:** Type the 9-digit Colorado unemployment insurance (UI) premium account number. The power of attorney will not be processed or approved if this account number is not provided.

**Business Location Address Only (No PO Boxes):** Type the entity's or business's physical location address.

### Acceptance of New Power of Attorney

**Effective Date of Acceptance:** Complete this section if you want to name or change an entity or individual to have power of attorney. If you complete this section, you must provide an effective date.

**SIDES:** State Information Data Exchange System. By participating in this system, you will receive and respond to the electronic version of form UIB-290, Colorado's Request For Facts About A Former Employee's Employment. To find out more information about SIDES go to <http://info.uisides.org>. It is strongly recommended that you participate in the SIDES system.

**For UI premium-related information:** Complete this section if you want to accept power of attorney for UI premium-related information only.

**For UI benefits-related information:** Complete this section if you want to accept power of attorney for UI benefit-related information only.

**Power of Attorney Complete Name and Address:** Type the name and address of the entity or individual you want to accept as the power of attorney. Do not list an individual's name unless that is the business name.

**NOTE:** If you have an existing power of attorney and the UI Division approves your acceptance of a new power of attorney, the new power of attorney automatically replaces the existing power of attorney for the purposes you indicate on this form.

### Mailing-Address Information

**Complete Mailing Address:** For UI premium information and/or forms such as the UITR-7, Unemployment Insurance Rate Notice; UITR-1, Your Quarterly Report of Wages Paid and Premiums Owed; UITR-1a, Unemployment Insurance Report of Workers Wages; and UITR-2, Unemployment Insurance Statement of Payment Due; or any other premium forms you must provide the complete mailing address regardless of whether you are adding or changing a power of attorney. This information must be completed to ensure that UI correspondence is sent to the address of the entity or individual who will be responsible for UI correspondence. Provide a second mailing address only if you want the UI benefits-related information sent to a mailing address different from the mailing address used for premium-related information.

**NOTE:** You are responsible for ensuring that any UI correspondence that is sent to an incorrect mailing address is properly forwarded. You are also responsible for updating your mailing address with us.

### Power-of-Attorney Signature

**New Power of Attorney Representative Signature:** A representative of the entity or the individual who you want to accept as the power of attorney **must** provide his or her name and title and sign and date the form in order to make this a valid document.

### Employer Approval

**Signature of Employer Official:** The employer **must** sign this form to accept an entity or individual as the power of attorney. The employer official's name, title, signature, and date of signature are required to make this a valid document.

### Discontinuation of Power of Attorney

If you elect to discontinue a power of attorney without accepting a new power of attorney, submit a written request to the UI Division at the above address.

# INDEPENDENCE CENTER – COLORADO VETERAN DIRECTED CARE BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the Independence Center – Colorado – 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.

## SECTION 1: VETERAN'S INFORMATION

_____	_____	_____	
First Name	Middle Initial	Last Name	
_____	_____	_____	_____
Mailing Address	City	State	Zip
_____	_____	_____	
Home Phone	Mobile Phone	Work Phone	
_____			
Email Address			
_____ / _____ / _____		_____ - _____ - _____	
Date of Birth		Social Security Number	

**Continued on next page**

INDEPENDENCE CENTER – COLORADO  
VETERAN DIRECTED CARE  
BACKGROUND CHECK DISCLOSURE

**SECTION 2: AUTHORIZED REPRESENTATIVE'S INFORMATION**

*(If applicable)*

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

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

\_\_\_\_\_  
Home Phone                      Mobile Phone                      Work Phone

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

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

**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 Colorado State Veteran Directed Care Operations Manager and Veteran/Authorized Representative.

\_\_\_\_\_  
Authorized Representative Signature                      Date

INDEPENDENCE CENTER – COLORADO  
VETERAN DIRECTED CARE  
BACKGROUND CHECK DISCLOSURE

**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

## INDEPENDENCE CENTER – COLORADO VETERAN DIRECTED CARE TERMINATION AGREEMENT

In the state of Colorado, it is required for the Veteran (employer) to process their Direct Care Professional's (employee's) last paycheck within 24 hours after terminating their Direct Care Professional. PremierFMS will work directly with you to ensure the termination process is smooth and compliant for you and the Direct Care Professional and follows state regulations. Please review the termination process below when considering terminating a Direct Care Professional:

1. Contact PremierFMS at: **855.275.3948**
2. Determine the Direct Care Professional's last day.
3. Verify the Direct Care Professionals address is up to date.
4. PremierFMS will provide confirmation to move forward with the termination.
5. The Veteran will send PremierFMS the final timesheet signed by the Veteran and the Direct Care Professional.
6. PremierFMS will process the final timesheet.
7. PremierFMS will provide the Veteran with the IC Veteran Directed Care Status Change Form.
8. The Veteran will complete and sign the Status Change Form along with the Direct Care Professional.
9. The Veteran will submit the completed form to PremierFMS.

By signing below, you are acknowledging you have read the Termination Agreement and are in agreement. For any questions or concerns, please contact our office at **(855) 275-3948**.

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Veteran Signature

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Date

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Authorized Representative Signature

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Date



# INDEPENDENCE CENTER – COLORADO VETERAN DIRECTED CARE CYMA AGREEMENT

**Instructions:** Please review the information below then sign and date the bottom of the form. 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

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 PremierFMS)
- Physical Check printing and Mailing for Vendors not using Direct Deposit

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10425 W North Ave, Suite 345, Milwaukee, WI 53226 | Phone: 855.275.3948  
Fax: 855.325.4668 | [ICVIC@Premier-FMS.com](mailto:ICVIC@Premier-FMS.com) | [www.Premier-FMS.com](http://www.Premier-FMS.com)

PremierFMS ICVICCO CYMA Agreement – LP: Rev 08.24



INDEPENDENCE CENTER – COLORADO  
VETERAN DIRECTED CARE  
CYMA AGREEMENT

- 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.

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Print Name (Veteran/Authorized Representative)

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Veteran/Authorized Representative Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

## **Fraud and 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 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.

# INDEPENDENCE CENTER – COLORADO VETERAN DIRECTED CARE FRAUD AND ABUSE STATEMENT

**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 Financial Management Services**

If you suspect fraud, waste or abuse within the Independence Center Colorado Veteran Directed Care Program please contact Premier Financial 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: 855-275-3948  
Email: [ICVIC@Premier-FMS.com](mailto:ICVIC@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,

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10425 W North Ave, Suite 345, Milwaukee, WI 53226 | Phone: 855.275.3948  
Fax: 855.325.4668 | [ICVIC@Premier-FMS.com](mailto:ICVIC@Premier-FMS.com) | [www.Premier-FMS.com](http://www.Premier-FMS.com)

INDEPENDENCE CENTER – COLORADO  
VETERAN DIRECTED CARE  
FRAUD AND ABUSE STATEMENT

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 the Fraud and Abuse Statement, I understand it and agree to comply.

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Print Name (Veteran/Authorized Representative)

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Veteran/Authorized Representative Signature

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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.

### 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: [info@premier-fms.com](mailto:info@premier-fms.com)  
Telephone: 844.534.7225

I have read the Privacy Policy for PremierFMS.

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Print Name (Veteran/Authorized Representative)

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Veteran/Authorized Representative Signature

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

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Fax: 855.325.4668 | [ICVIC@Premier-FMS.com](mailto:ICVIC@Premier-FMS.com) | [www.Premier-FMS.com](http://www.Premier-FMS.com)