

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

NOTE:

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

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"/> 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). | 14 Reserved for future use | |
| | | |
| 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"/> _____ <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), 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.

For IRS use:

- 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) |

DEPARTMENT OF WORKFORCE SERVICES

LIMITED POWER OF ATTORNEY

EMPLOYER NAME: _____

EMPLOYER ADDRESS: _____

**WORKERS' COMPENSATION
EMPLOYER #** _____

**UNEMPLOYMENT INSURANCE
EMPLOYER #** _____

TO WHOM IT MAY CONCERN:

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

Authorized agent's telephone number: _____

Authorized agent's address: _____

This representation includes:

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

Authorized by _____ **Title** _____

Phone # _____ **Date** _____

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

or

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



WIL VETERAN IN CHARGE AUTHORIZED REPRESENTATIVE SET-UP FORM

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

Date of Birth: ____ / ____ / _____ Social Security Number: _____

AUTHORIZED REPRESENTATIVE'S INFORMATION *(If applicable)*

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

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

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

Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____

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

Veteran Signature: _____ Date: ____ / ____ / _____

Authorized Representative Signature: _____ Date: ____ / ____ / _____



WIL VETERAN IN CHARGE AUTHORIZED REPRESENTATIVE FORM

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

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

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

II. Authorized Representative Information:

Name: _____

Home Address: _____ City: _____ State: ____ Zip: _____

Home #: _____ Cell #: _____

Email Address: _____

Relationship to Veteran: _____ Social Security Number: _____

III. Authorized Representative Record Agreement:

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

Requirements for Authorized Representative:

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

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

Tasks completed in partnership with the VIC participant:

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

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

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

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

Veteran Signature: _____ Date: ___ / ___ / _____

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

Authorized Representative Signature: _____ Date: ___ / ___ / _____

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

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

| EMPLOYER TAX BREAKDOWN | |
|------------------------|--------------|
| FICA | 7.65% |
| FUTA | 0.60% |
| SUTA | 1.22% |
| TOTAL | 9.47% |

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

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



WYOMING
SERVICES FOR INDEPENDENT LIVING
BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the Wyoming Services for Independent Living 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 Wyoming 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