

DOCUMENT NAME	REQUIRED / OPTIONAL
Employer of Record Form	Required
Form SS-4: Application for Employer Identification Number	Required
Form 2678: Employer/Payer Appointment of Agent	Required
Form 8821: Tax Information Authorization	Required
Form UIT-1146A FORFF: Limited Power of Attorney	Required
Form 821-PSC: Withholding Tax Payroll Service Company Authorization	Required
Background Check Disclosure	Required

NOTE:

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

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 Employer of Record, the EOR 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 #: _____ Mobile #: _____ Work #: _____

Email Address: _____ Gender: _____

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

SECTION 2: EMPLOYER OF RECORD'S INFORMATION *(If applicable)*

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

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

Home #: _____ Mobile #: _____ 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.

Print Name (Veteran): _____

Veteran Signature: _____ Date: ____ / ____ / ____

Print Name (Authorized Representative): _____

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

Print Name (Employer of Record): _____

Employer of Record 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"/> 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"/> Accommodation & food service <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify) <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.

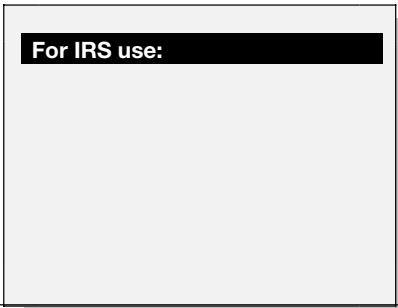
⁹ An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

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)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Employer Engagement Administration**LIMITED POWER OF ATTORNEY**

The Limited Power of Attorney form is used by employers to authorize a third party to represent them before the Arizona Department of Economic Security (DES) in the Unemployment Insurance (UI) matters specified on the form. Such authorization also permits DES to provide the representative with any confidential information concerning the employer's Arizona UI account that is related to those matters.

Specify which matters the authorization applies to by checking the appropriate checkbox(es) on the form. If you want the authorization limited to a specific matter, such as a specific DES decision under appeal, check the "Other, specific UI matter" checkbox and briefly describe the matter in the space below to identify it specifically. Provide the representative's address immediately below that if you want to have all correspondence related to the "Other, specific UI matter" mailed to that address.

If you want to change the primary mailing address for general DES correspondence related to the employer's UI account, complete the area of the form provided for that purpose. You may also specify a separate mailing address for unemployment benefit claim-related notices by completing the area of the form provided for that purpose. Such a separate address is sometimes advisable, to enable the timely protesting of claims. Protests must be returned or postmarked within 10 business days after the date on the claim filing notice (Notice to Employer – UB-110) to be considered timely.

Submit the completed form with the original signature of a duly qualified officer or owner of the employer's business to the UI Tax Employer Registration Unit at the address below. Questions about the use or completion of the form should also be directed to the Employer Registration Unit.

ADES - UI Tax Section
Employer Registration Unit
P.O. Box 6028 - Mail Drop 5881
Phoenix, Arizona 85005-6028
Telephone – (602) 771-6602
Fax – (602) 532-5539
Email – UITStatusClerical@azdes.gov

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

LIMITED POWER OF ATTORNEY

EMPLOYER INFORMATION

EMPLOYER NAME	ARIZONA UI ACCOUNT NO. OR FEDERAL EIN
<input type="text"/>	<input type="text"/>

Hereby appoints

Premier FMS <i>(Representative Company's Name)</i>	855-224-5810 <i>(Representative Company's Phone No.)</i>
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To represent said employer before the Arizona Department of Economic Security (DES) in all matters related to Arizona Unemployment Insurance (UI) specified below until further notice (check all boxes that apply):

- UI tax preparation/filing including filing/paying via the Internet Tax and Wage System (TWS)
- All other general UI matters (all benefit claim protests, all appeals of agency determinations, etc.)
- Other, specific UI matter (provide details below to identify the matter or no action will be taken):

Provide representative's address if you want mail concerning the "Other, specific UI matter" sent there:

REPRESENTATIVES COMPANY'S ADDRESS (P.O. Box/Street No., Street, City, State, ZIP)

COMPLETE THIS AREA ONLY IF YOU WANT TO CHANGE THE EMPLOYER'S PRIMARY MAILING ADDRESS

EMPLOYER NAME	PHONE NO.
<input type="text"/>	<input type="text"/>

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

*All general UI correspondence including liability determinations, tax and wage report forms, tax assessments, and notices of tax rates, benefit charges, appeals, liens and claim filings are mailed to the **PRIMARY** address. If you want a **SEPARATE** mailing address for notices of unemployment benefit claim filings, claim determinations and claim appeals, complete the address area below.

OPTIONAL SEPARATE MAILING ADDRESS FOR UNEMPLOYMENT BENEFIT CLAIM-RELATED NOTICES

EMPLOYER NAME	PHONE NO.
<input type="text"/>	<input type="text"/>

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

In witness whereof, said employer has caused this instrument to be attested by the signature of a duly qualified officer or owner this day of

(Day) (Month) (Year)

This Limited Power of Attorney authorization cancels and/or supersedes all prior authorizations related to the specified matters and remains in effect until revoked in writing by either the employer or the representative

PRINT NAME <i>(First, M.I., Last)</i>	TITLE
<input type="text"/>	Employer

SIGNATURE

FOR AGENCY USE ONLY

- REVISED PRIMARY ADDRESS
- REVISED/ADDED CLAIMS ADDRESS

INITIALS DATE NOTES

1. Taxpayer Information Taxpayer must sign and date this form in Section 6.

Taxpayer Name		Employer Identification Number (EIN)	
Address (Number and street or PO Box)		Daytime Phone Number (with area code)	
City	State	ZIP Code	

2. Appointee Information

Name		Identification Number	
Address (Number and street or PO Box)		Phone Number (with area code)	
City	State	ZIP Code	Fax Number (with area code)

3. State Authorization

Taxpayer hereby grants appointee a limited power of attorney with the authority to sign and file withholding tax returns and make deposits to the Arizona Department of Revenue (department). Appointee is also hereby authorized to discuss taxpayer's otherwise confidential withholding tax information with authorized department employees.

This authorization includes all department withholding tax returns and shall begin with the tax period [M, M | D, D | Y, Y, Y, Y] and shall remain in effect through all subsequent periods until four years after the date received, revoked by taxpayer, or terminated by appointee, whichever occurs first.

4. Retention/Revocation of Authorization

This authorization automatically revokes all earlier authorizations on file with the department for the same periods covered by this document. If you do not want to revoke a prior authorization, check this box



You must include a copy of any withholding tax information authorization you want to remain in effect.

5. Authorization Agreement

Taxpayer understands that this authorization does not relieve taxpayer of the responsibility to ensure that all withholding tax returns are filed and that all deposits and payments are made.

6. Signature of or for Taxpayer

I hereby certify that the director of the Arizona Department of Revenue is authorized to release any and all Arizona withholding tax information in department files concerning the undersigned taxpayer and relieve said director, or department representative, of any liability whatsoever for releasing such withholding tax information to the appointee specified by this authorization. By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), estate(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a Class 5 felony pursuant to A.R.S. §42-1127(B)(2).

By checking this box and signing below I certify under penalty of perjury that I am an officer of the above mentioned corporation(s) and that I am a principal officer; as defined in A.R.S. §42-2003(A)(2).

If this withholding tax information authorization is not signed and dated, it will be returned.

Print Name

Print Name

Signature

Signature

Date

Date



VETERAN INDEPENDENCE PLUS OF SOUTHERN ARIZONA BACKGROUND CHECK DISCLOSURE

Premier Financial Management Services (PremierFMS) is required, as part of the Veteran Independence Plus 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 Arizona State Veteran Directed Care Program Coordinator and Veteran/Authorized Representative.

Signature: _____ Date: ____ / ____ / ____

For any questions or concerns, please contact our office at 855.538.7776. 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