

DOCUMENT NAME	REQUIRED / OPTIONAL
Employer of Record	Required
Form SS-4: Application for Employer Identification Number	Required
Form 2678: Employer/Payer Appointment of Agent	Required
Combined Employer's Registration	Required
Tax Information Authorization and Power of Attorney for Representation	Required
VDHCBS Employer or Record Agreement	Required
Background Check Disclosure	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.

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 INFORMATION

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

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

## Section 2: EMPLOYER OF RECORD INFORMATION

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

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

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

Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security #: \_\_\_\_-\_\_\_\_-\_\_\_\_

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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer 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](http://www.irs.gov/FormSS4) for instructions and the latest information.

OMB No. 1545-0003

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 <b>Premier Financial Management Services</b>						
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <b>10425 W North Ave 345</b>		5a Street address (if different) (Don't enter a P.O. box.)						
	4b City, state, and ZIP code (if foreign, see instructions) <b>Milwaukee, WI 53226</b>		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 checked="" 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). <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"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input checked="" type="checkbox"/> Other (specify) <b>HHCSR</b> <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) <b>PremierFMS</b> <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any								
9b	If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country						
10	Reason for applying (check only one box) <input type="checkbox"/> Started new business (specify type) _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input checked="" type="checkbox"/> Other (specify) <b>HHCSR</b> <input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> Created a pension plan (specify type) _____								
11	Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year <b>December</b>						
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table><tr><td>Agricultural</td><td>Household</td><td>Other</td></tr><tr><td><b>0</b></td><td><b>0</b></td><td><b>0</b></td></tr></table>		Agricultural	Household	Other	<b>0</b>	<b>0</b>	<b>0</b>	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>
Agricultural	Household	Other							
<b>0</b>	<b>0</b>	<b>0</b>							
15	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)								
16	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"/> Accommodation & food service <input type="checkbox"/> Wholesale—agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) <b>HHCSR</b> <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. <b>HHCSR</b>								
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here								
Third Party Designee	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 <b>Jonathan Claflin</b>		Designee's telephone number (include area code) <b>855-275-3948</b>						
	Address and ZIP code <b>10425 W North Ave. Ste 345 Milwaukee, WI 53226</b>		Designee's fax number (include area code) <b>855-71-1731</b>						
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. December 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

**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're 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 isn't effective until we approve your request. See the instructions for more information.

- If you're an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**For IRS use:****Part 1: Why you're 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, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<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 can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

- ☐ Check here if you're 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.

**Sign your  
name here**

--

Print your name here

--

Print your title here

HHCSR

Date

/	/
---	---

Best daytime phone

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**Now give this form to the agent to complete.**

# Combined Employer's Registration

See instructions below

You can register online with the Oregon Business Registry (OBR) at <https://secure.sos.state.or.us/cbrmanager/>

For agency use only

BIN

Business name*			Type of ownership (check one): <input type="checkbox"/> Corporation <input type="checkbox"/> Sub-chapter S Corp. <input checked="" type="checkbox"/> Sole Prop. (Individual) <input type="checkbox"/> LLP (Limited Liability Part.) <input type="checkbox"/> Partnership—General <input type="checkbox"/> Partnership—Limited <input type="checkbox"/> Pension and Annuity <input type="checkbox"/> Trust / Estate			LLC (Limited Liability Co.) recognized by IRS as a: <input type="checkbox"/> Corp, or <input type="checkbox"/> Individual (Sole Prop.), or <input type="checkbox"/> Partnership <input type="checkbox"/> Non-profit 501(c)(3) (attach federal exemption) <input type="checkbox"/> Other Nonprofit			<input type="checkbox"/> Government—Local <input type="checkbox"/> Government—State <input type="checkbox"/> Government—Federal <input type="checkbox"/> Political Campaign <input type="checkbox"/> Other (describe below):		
Assumed business name											
Federal employer identification number (FEIN)*											
Business telephone number		Fax number									
Ext.		(855) 571-7670									
Contact person authorized to discuss your payroll account with us			<input type="checkbox"/> Recognized Indian Tribe								
Johnathan Claflin			Nature and principal products of your business (i.e., retail—men's clothing; services—janitorial; etc.). Be specific.								
Contact's telephone number			Household Employer								
855) 852-6161											
Ext.											
Business mailing address			Check if any employees are: <input type="checkbox"/> Agricultural <input type="checkbox"/> Working on fishing vessels <input checked="" type="checkbox"/> Domestic (in-home workers)								
10425 W NORTH AVE. SUITE 345			Does any domestic worker request withholding? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No								
City		State		ZIP code		Type of return to be filed (see instructions)					
MILWAUKEE		WI		53226		<input type="checkbox"/> OQ (Oregon Quarterly) <input type="checkbox"/> WA (Federal 943 filers only) <input checked="" type="checkbox"/> OA (Domestic)					
E-mail address <input checked="" type="checkbox"/> Check here to authorize us to initiate e-mail exchange of tax information.			Withholding Tax			Enter number of employees (approximate)			LLC Member _____ Owner/Officer _____ Employees _____		
ORVSDP@premier-fms.com			Must be completed →			Date employees were/will first be paid for work in Oregon*			Month _____ Day _____ Year _____		
Physical address where work is performed in Oregon* <input type="checkbox"/> Employee home address			Transit Tax			Are employees working in these areas? (see instructions)			<input type="checkbox"/> TriMet (Portland and surrounding metropolitan areas)		
City		State		ZIP code		Date employees first paid for services performed within district(s)			TriMet _____ LTD _____		
Do you have any other locations in Oregon?			Unemployment Tax			In what calendar quarter did/will your payroll first exceed \$1,000 or \$20,000 agricultural labor? (see instructions)			Quarter _____ Year _____		
<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes, list additional locations on a separate sheet & attach to this form						Date first Oregon employee was/will be hired			Month _____ Day _____ Year _____		
Off site payroll service, accountant, or bookkeeper (attach Power of Attorney form)			Workers' Benefit Fund Assessment			Employees need to be covered by a workers' compensation (WC) policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No, but I choose to have coverage		
PREMIER FINANCIAL MANAGEMENT SERVICES						(Check the reason you don't need a WC policy)			<input type="checkbox"/> No, employees are covered by federal WC		
Contact person at the off site payroll service, accountant, or bookkeeper						<input type="checkbox"/> No, only owners/corporate officers			<input type="checkbox"/> No, other (explain) _____		
Jonathan Claflin											
Telephone No. (855) 852-6161											
Mailing address for off site payroll service (send: <input checked="" type="checkbox"/> forms <input type="checkbox"/> billings to this address?)											
c/o PREMIER FMS 10425 W NORTH AVE, SUITE 345											
City		State		ZIP code							
MILWAUKEE		WI		53226							
Bank reference/branch address											
Did you acquire/transfer all <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No or part <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No of the Oregon business operations of an ongoing business? How many employees transferred? _____			Date of acquisition			FEIN or BIN of acquired business					
List acquired business name, previous owner, and telephone number											

## Identification of owners, partners, corporate officers, etc. (List additional owners on a separate sheet and attach to this form)

Social Security number*		FEIN		Telephone number		Social Security number*		FEIN		Telephone number	
Name						Name					
Home address						Home address					
City		State		ZIP code		City		State		ZIP code	
Responsible for: <input type="checkbox"/> Filing tax returns <input type="checkbox"/> Paying taxes <input type="checkbox"/> Hiring/firing						Responsible for: <input type="checkbox"/> Filing tax returns <input type="checkbox"/> Paying taxes <input type="checkbox"/> Hiring/firing					
<input type="checkbox"/> Determining which creditors to pay first						<input type="checkbox"/> Determining which creditors to pay first					

## Authorization

I certify the above statements to be true and correct. I authorize the Employment Department, the Department of Revenue, and the Department of Consumer & Business Services to verify any of the above information with regard to this business. I will notify each agency if there is a change or cancellation of the above authorized representative.

Signature		Date		Signature		Date	
X		-		X			

\*Must be filled in as required by  
OAR 150-305.100.

Fax to: 503-947-1528 or Mail to: Oregon Employment Department  
875 Union St NE Rm 107  
Salem OR 97311

Retain a copy for your records.



**Tax Information Authorization  
and  
Power of Attorney for Representation**

- Please print. • Use only blue or black ink. • See additional information on the back.

Taxpayer name		Identifying number (SSN, BIN, FEIN, etc.)	
Spouse's name, if joint return		Spouse's identifying number (SSN, etc.)	
Address	City	State	ZIP code

Check only one:

- ☐ **Tax Information Authorization:** Checking this box allows the department to disclose your confidential tax information to your designee. You may designate a person, agency, firm, or organization.
- ☒ **Power of Attorney for Representation:** Check this box if you want a person to "represent" you. This means the person may receive confidential information and may make decisions on your behalf. The person you designate **must** meet the qualifications listed on the back of this form.

For ☒ **All tax years,** or ☐ **Specific tax years:** \_\_\_\_\_ ,

**I hereby appoint the following person as designee or authorized representative:**

Name <b>PREMIER FINANCIAL MANAGEMENT SERVICES</b>		Phone <b>( 855 ) 571-7670</b>	Fax <b>( 855 ) 571-7670</b>
Mailing address <b>10425 W NORTH AVE, SUITE 345</b>	City <b>Milwaukee</b>	State <b>WI</b>	ZIP code <b>53226</b>
Representative's title and Oregon license number or relationship to taxpayer			

If out-of-state CPA, sign here attesting you meet the requirements to practice in Oregon (see instructions)

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

- ☐ All tax matters, or
- ☒ Specific tax matters. Enter tax program name(s): **Billing, Payroll, and Forms**

**Signature of taxpayer(s)**

- I acknowledge the following provision: Actions taken by an authorized 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): By signing, I also certify that I have the authority to execute this form.
- 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 <b>X</b>	Print name	Date - -
Title (if applicable) <b>employer</b>		Daytime phone <b>( )</b>
Spouse (if joint representation) <b>X</b>	Print name	Date

**Note:** This authorization form automatically revokes and replaces all earlier tax authorizations and/or all earlier powers of attorney on file with the Oregon Department of Revenue for the **same** tax matters and years or periods covered by this form. If you **do not** want to revoke a prior authorization, initial here \_\_\_\_\_.

**Attach a copy of any other tax information authorization or power of attorney you want to remain in effect.**

Complete the following, if known (for routing purposes only):

Revenue employee: \_\_\_\_\_  
Division/Section: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_

**Send to:** Oregon Department of Revenue  
955 Center St NE  
Salem OR 97301-2555

Visit [www.oregon.gov/dor](http://www.oregon.gov/dor) to complete this form using Revenue Online.

**If this tax information authorization or power of attorney form is not signed, it will be returned.**  
**Power of attorney forms submitted with Revenue Online will be signed electronically.**

## Additional information

This form is used for two purposes:

- **Tax information disclosure authorization.** You authorize the department to disclose your confidential tax information to another person. This person will not receive original notices we send to you.
- **Power of attorney for representation.** You authorize another person to represent you and act on your behalf. The person must meet the qualifications below. Unless you specify differently, this person will have full power to do all things you might do, with as much binding effect, including, but not limited to: providing information; preparing, signing, executing, filing, and inspecting returns and reports; and executing statute of limitation extensions and closing agreements.

This form is effective on the date signed. Authorization terminates when the department receives written revocation notice or a new form is executed (unless the space provided on the front is initialed indicating that prior forms are still valid).

Unless the appointed representative has a fiduciary relationship to the taxpayer (such as personal representative, trustee, guardian, conservator), original Notices of Deficiency or Assessment will be mailed to the taxpayer as required by law. A copy will be provided to the appointed representative when requested.

For corporations, "taxpayer" as used on this form, must be the corporation that is subject to Oregon tax. List fiscal years by year end date.

## Qualifications to represent taxpayer(s) before Department of Revenue

Under Oregon Revised Statute (ORS) 305.230 and Oregon Administrative Rule (OAR) 150-305.230, a person must meet one of the following qualifications in order to represent you before the Department of Revenue.

### 1. For all tax programs:

- a. An adult immediate family member (spouse, parent, child, or sibling).
- b. An attorney qualified to practice law in Oregon.
- c. A certified public accountant (CPA) or public accountant (PA) qualified to practice public accountancy in Oregon, and their employees.
- d. An IRS enrolled agent (EA) qualified to prepare tax returns in Oregon.
- e. A designated employee of the taxpayer.
- f. An officer or full-time employee of a corporation (including a parent, subsidiary, or other affiliated corporation), association, or organized group for that entity.
- g. A full-time employee of a trust, receivership, guardianship, or estate for that entity.
- h. An individual outside the United States if representation takes place outside the United States.

### 2. For income tax issues:

- a. All those listed in (1); plus
- b. A licensed tax consultant (LTC) or licensed tax preparer (LTP) licensed by the Oregon State Board of Tax Practitioners.

### 3. For ad valorem property tax issues:

- a. All those listed in (1); plus
- b. An Oregon licensed real estate broker or a principal real estate broker; or
- c. An Oregon certified, licensed, or registered appraiser; or
- d. An authorized agent for designated utilities and companies assessed by the department under ORS 308.505 through 308.665 and ORS 308.805 through 308.820.

### 4. For forestland and timber tax issues:

- a. All those listed in (1), (2), and (3)(b) and (c); plus
- b. A consulting forester.

An individual who prepares and either signs your tax return or who is not required to sign your tax return (by the instructions or by rule), may represent you **during an audit of that return. That individual may not represent you for any other purpose unless they meet one of the qualifications listed above.**

Generally, declarations for representation in cases appealed beyond the Department of Revenue must be in writing to the Tax Court Magistrate. A person recognized by a Tax Court Magistrate will be recognized as your representative by the department.

**Tax matters partners and S corporation shareholders.** See OARs 150-305.242(2) and (5) and 150-305.230 for additional information. Include the partnership or S corporation name in the taxpayer name area.

## Out-of-state attorneys and CPAs

Attorneys may contact the Oregon State Bar for information on practicing in Oregon. If your out-of-state representative receives authorization to practice in Oregon, attach proof to this form.

CPAs may practice in Oregon if they meet the following substantial equivalency requirements of ORS 673.010:

1. Licensed in another state;
2. Have an accredited baccalaureate degree with at least 150 semester hours of college education;
3. Passed the Uniform CPA exam; **and**
4. Have a minimum of one year experience.

## Have questions? Need help?

**General tax information** ..... [www.oregon.gov/dor](http://www.oregon.gov/dor)  
Salem ..... (503) 378-4988  
Toll-free from an Oregon prefix..... 1 (800) 356-4222

### Asistencia en español:

En Salem o fuera de Oregon ..... (503) 378-4988  
Gratis de prefijo de Oregon ..... 1 (800) 356-4222

### TTY (hearing or speech impaired; machine only):

Salem area or outside Oregon ..... (503) 945-8617  
Toll-free from an Oregon prefix..... 1 (800) 886-7204

**Americans with Disabilities Act (ADA):** Call one of the help numbers above for information in alternative formats.



# Instructions for Combined Employer's Registration

## Who must register

Only individuals or firms with employees need to file a *Combined Employer's Registration* report. Corporate officers are considered employees, including those in subchapter "S" corporations.

**Note:** The definition of "employee" differs among Oregon state agencies. If you have questions, refer to the *Oregon Business Guide* booklet or call the appropriate agency.

## Other locations in Oregon

If you have more than one place of business in Oregon, on a separate sheet, list each location. Attach the sheet to this registration form.

## Nature and principal products

Describe the nature of your business in Oregon and state the principal products produced or activity (sales or service) performed. If you are engaged in more than one activity, specify which is the primary activity, product, or service.

If more space is needed, please write the information on a separate sheet and attach it to this registration form.

## Additional owner/officer information

List information on additional owners, partners, officers, etc., on a separate sheet and attach it to this registration form.

## Previous owner

If you acquired all or part of the business operations of the previous owner, or if there was an entity change, mark "yes."

If you acquired all or part of the previous business, but did not assume any of the liabilities, mark "yes." If the previous owner retained any part of the business, mark "yes."

On a separate sheet, describe the part of the business retained by the previous owner. Attach the sheet to this registration form.

## Withholding

Oregon law requires that all wages, salaries, commissions, bonuses, fees, or other items of value paid to an individual for services as an employee are subject to having Oregon tax withheld.

**Courtesy withholding**—is for an employer who has hired an Oregon resident that works outside of Oregon only.

**Agricultural**—is for employers who plant, cultivate or harvest seasonal crops. These may include field/forage crops, seed of grass, cereal grain, vegetable crops, flowers and others. This doesn't include livestock.

**Domestic**—withholding is **not** required for a domestic employee. If your domestic employee has requested withholding and you have agreed to withhold, mark the "yes" box on the front of this form and file Form OA.

Employers file returns and pay withholding taxes based on their federal filing requirements.

If you file federal form: **941, 941-M, or 945**

File Oregon form: **OQ**—Oregon Quarterly Combined Tax Report

If you file federal form: **943**

File Oregon form: **\*WA**—Annual Withholding Tax Return for Agricultural Employers.

\*If you file Form 943 you may file Form WA or Form OQ. If you're also subject to state unemployment, Workers' Benefit Fund Assessment, or transit taxes, you **must** file a Form OQ quarterly.

Need more information? Call 503-945-8091 or 503-378-4988. Or visit our website at: [www.oregon.gov/dor](http://www.oregon.gov/dor).

## Transit taxes

TriMet tax is an employer-paid excise tax based on payrolls for services performed in Multnomah and parts of Washington and Clackamas counties. Please refer to the map in the *Oregon Business Guide*.

LTD (Lane Transit District) covers the Eugene/Springfield area of Lane county. This excise tax is based on the same principle as TriMet. Please refer to the map in the *Oregon Business Guide*.

In-state and out-of-state employers who have employees working in these districts are subject to these taxes. If your total business activity is conducted outside of these areas, then you are not liable for these taxes.

If your business is a nonprofit organization and you have employees working in these districts, you must send a copy of your 501(c)(3) exemption with the completed registration as proof of exemption from transit taxes.

Need more information? Call 503-945-8091 or 503-378-4988. Or visit our website at: [www.oregon.gov/dor](http://www.oregon.gov/dor).

## State unemployment tax

State unemployment tax is an employer paid tax that finances the Oregon unemployment insurance program. Generally employers must pay into the Unemployment Insurance Trust Fund if they:

- Have one or more employees in each of 18 weeks during a calendar year, **or**
- Have total payroll of \$1,000 or more in a calendar quarter (after January 1, 2008).

**Exceptions:**

**Agricultural labor** is reportable if you have paid \$20,000 or more in total cash wages in a calendar quarter or have 10 or more employees during 20 weeks of a calendar year. You are considered to be subject effective the beginning of that calendar year.

Agricultural employers subject to unemployment tax may choose to file withholding quarterly.

**Domestic/household service** is subject if you have paid \$1,000 or more in total cash wages in a calendar quarter. You are considered to be subject effective the beginning of that calendar year.

**Partial transfers.** If an employing enterprise sells, transfers, or acquires all or part of a trade or business (including employees), such transactions must be reported to the Employment Department, Tax Section, within 60 days of the date the transaction becomes final.

Need more information? Call 503-947-1488. TTY (nonvoice) 503-947-1495.

## Workers' Benefit Fund Assessment

This form doesn't register you for workers' compensation insurance, which is mandatory for most employers. For assistance determining subjectivity, call 503-947-7815 or visit: [www.cbs.state.or.us/wcd/communications/wcins.html](http://www.cbs.state.or.us/wcd/communications/wcins.html).

This form registers you for the Workers' Benefit Fund (WBF) assessment. This fund benefits injured workers and employers helping them return to work. Individuals subject to the WBF assessment are:

- All paid workers for whom the employer is required to provide workers' compensation insurance coverage, and
- All paid individuals (workers, owners, officers) who may otherwise be nonsubject, but the employer chooses to cover under workers' compensation insurance.
- All paid individuals performing personal support work who are eligible for workers' compensation insurance coverage under HB 3618 (2010).

Need more information on WBF? Call 503-378-2372.



# Veterans Directed Home & Community Based Services

## Employer of Record Agreement

Participant Name: \_\_\_\_\_ ID # \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

I designate \_\_\_\_\_ to serve as my Employer of Record for the Veterans Directed Home and Community Based Services (VDHCBS) Program.

\_\_\_\_\_  
Veteran Participant Signature

\_\_\_\_\_  
Date

### Representative for Employer of Record Agreement:

I, \_\_\_\_\_ (full name) agree to serve as the Employer of Record on behalf of \_\_\_\_\_ who is a participant in the Veterans Directed Home and Community Based Services (VDHCBS) Program.

By checking each box below, I affirm that I meet these requirements to be the Employer of Record.

- ☐ I am at least 18 years of age.
- ☐ I know the participant very well.
- ☐ I understand the kinds of care s/he needs and how s/he wants care to be given.
- ☐ I know the participant's schedule and routine.
- ☐ I know the participant's health care needs and the medicine s/he takes.
- ☐ 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.
- ☐ I understand that I will be the Employer of Record for the employees who will provide care for this participant—they will work for me (instead of the participant). 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.
- ☐ I understand I will need to provide the Financial Management System my Social Security Number and will complete all federal Employer of Record forms.
- ☐ I understand that I cannot be paid to be the Employer of Record with program funds.
- ☐ I understand that I cannot be a paid employee in the VDHCBS Program if I serve as the Employer of Record.

By checking each of the boxes below, I affirm that I agree to do these things in partnership with the VDHCB participant:

- ☐ Find, interview and hire employees to provide care.
- ☐ Define employees' job duties.
- ☐ Develop a job description for employees.
- ☐ Train employees to deliver care based on the participant's needs and preferences.
- ☐ Set the schedule at which employees will give care.
- ☐ Make sure employees work *only* as many hours as stated on the Veterans Services Plan.
- ☐ Supervise and evaluate employees' job performance.
- ☐ Address problems or concerns with employees' performance.
- ☐ Terminate an employee when needed.
- ☐ Decide how much employees will be paid (within limits set by the State).
- ☐ Review the time employees report to be sure it is correct.
- ☐ 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).
- ☐ 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 (*check one*)

☐ Multnomah County ADVSD

☐ Washington County DAVS

☐ RVCOG

☐ Douglas County Social Services

☐ Clackamas

☐ Klamath

and Premier Financial Management Service, LLC in serving as an employer in VDC Program.

1. My local AAA Veterans Services Coordinator will work with me on recruitment and hiring strategies and review the employer packet with the Veteran.
2. My local AAA Veterans Services Coordinator will provide information on home care agencies for emergency back-up plans.
3. Premier FMS, LLC will help me and the employees I employ fill out employer/employee paperwork. They will pay the employees for the care they give. Premier is responsible for filing employee taxes on the Employer of Records behalf.
4. Premier FMS cannot 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.

\_\_\_\_\_  
Representative Signature

\_\_\_\_\_  
Date

Phone number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

SSN: \_\_\_\_\_ Email Address: \_\_\_\_\_

Premier Financial Management Service (PremierFMS) is required, as part of Veteran Direct Care program, to conduct a background check before authorized representatives are eligible to begin serving as the authorized representative/employer for a veteran. 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: \_\_\_\_\_

Hone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work#: \_\_\_\_\_

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

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

## Section 2: AUTHORIZED REPRESENTATIVE INFORMATION *(if applicable)*

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

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work#: \_\_\_\_\_

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 Veteran Direct Care Operations Manager and the Veteran/Authorized Representative.

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**For any questions or concerns, please contact our office at 588-852-6161. Please submit completed form to PremierFMS via mail or email.**

### Mail

10425 W North Ave  
Suite 345  
Milwaukee, WI 53226

### Email

[priemierenrollment@premier-fms.com](mailto:priemierenrollment@premier-fms.com)

**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 Premier FMS)
- Physical Check printing and Mailing for Vendors not using Direct Deposit
- Amended State and Federal Returns – if Needed
- Employee Access to Web Portal for access to Direct Deposit Advice and W2 Printing

## AUTHORIZATION

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

Print Name (Veteran/Authorized Representative): \_\_\_\_\_

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.

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

### Examples of Abuse include:

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

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

### Premier Fiscal Management Services

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

Toll-Free Phone: 855-852-6161

Email: [orvsdp@Premier-FMS.com](mailto:orvsdp@Premier-FMS.com)

### VHA Integrity and Compliance Helpline

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

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

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

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

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

Print Name (Veteran/Authorized Representative): \_\_\_\_\_

Veteran/Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

### **Collection of your Personal Information**

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

### **Sharing Information with Third Parties**

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

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

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

### **Tracking User Behavior**

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

### **Automatically Collected Information**

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

### **Links**

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



### **Security of your Personal Information**

PremierFMS secures your personal information from unauthorized access, use, or disclosure.

PremierFMS uses the following methods for this purpose:

- SSL Protocol

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

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

### **Right to Deletion**

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

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

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

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

### **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.

Print Name (Veteran/Authorized Representative): \_\_\_\_\_

Veteran/Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_