

IRIS PARTICIPANT PAPERWORK CHECKLIST

DOCUMENT NAME	REQUIRED/OPTIONAL
Form SS-4: Application for Employer Identification Number	Required
Form 2678: Employer/Payer Appointment of Agent	Required
Guardianship or Power of Attorney Paperwork	Required only if Participant has a Guardian or POA
Direct Deposit Form	Optional

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.

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 Premier Financial Management Services					
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 10425 W North Ave 345		5a Street address (if different) (Don't enter a P.O. box.)					
	4b City, state, and ZIP code (if foreign, see instructions) Milwaukee, WI 53226		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)? ☐ Yes ☒ 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? ☐ Yes ☐ No							
	9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. ☐ Sole proprietor (SSN) _____ ☐ Partnership _____ ☐ Corporation (enter form number to be filed) _____ ☐ Personal service corporation _____ ☐ Church or church-controlled organization _____ ☐ Other nonprofit organization (specify) _____ ☒ Other (specify) <u>HHCSR</u> ☐ Estate (SSN of decedent) _____ ☐ Plan administrator (TIN) _____ ☐ Trust (TIN of grantor) _____ ☐ Military/National Guard ☐ State/local government ☐ Farmers' cooperative ☐ Federal government ☐ REMIC ☐ 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) ☐ Started new business (specify type) _____ ☐ Hired employees (Check the box and see line 13.) ☐ Compliance with IRS withholding regulations ☒ Other (specify) <u>HHCSR</u> ☐ Banking purpose (specify purpose) _____ ☐ Changed type of organization (specify new type) _____ ☐ Purchased going business ☐ Created a trust (specify type) _____ ☐ Created a pension plan (specify type) _____								
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year December						
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>0</td><td>0</td><td>0</td></tr></table>		Agricultural	Household	Other	0	0	0	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and 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 ☐
Agricultural	Household	Other						
0	0	0						
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. ☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale—agent/broker ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☒ Other (specify) <u>HHCSR</u> ☐ Accommodation & food service ☐ Wholesale—other ☐ Retail								
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <u>HHCSR</u>								
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☒ 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 <u>Jonathan Claflin</u>	Designee's telephone number (include area code) <u>855-275-3948</u>						
	Address and ZIP code <u>10425 W North Ave. Ste 345 Milwaukee, WI 53226</u>	Designee's fax number (include area code) <u>855-471-1731</u>						
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 _____						

See below to determine whether you need an EIN. However, for further information on applying for an EIN, including how to submit an EIN application, see the separate instructions at www.irs.gov/FormSS4.

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), 10-14, 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. 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)**

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2 Employer's or payer's name
(not your trade name)

--

3 Trade name (if any)

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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)	☒	☐
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	☒	☐
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	☐	☐
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	☐	☐
Form 945, Annual Return of Withheld Federal Income Tax	☐	☐
Form CT-1, Employer's Annual Railroad Retirement Tax Return	☐	☐
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	☐	☐

* 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**

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Print your name here

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Print your title here

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Date

/	/
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Best daytime phone

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Now give this form to the agent to complete.



DIRECT DEPOSIT AGREEMENT FORM

Instructions: Please fill out the information, as applicable, then select the appropriate box below. After entering the Financial Institution information, please attach the required documentation as listed. Review the **Authorization for Set-Up** then sign and date. Please submit the completed form to **Premier Financial Management Services** via one of the following options:

Mail:

PO Box 26001
Milwaukee, WI 53226

Drop Off:

10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:

HR@premier-fms.com

Fax:

1-888-551-5286

NOTE: Please print clearly.

Participant Name: _____

Participant-hired Worker/Vendor Name: _____

Effective Date: ____ / ____ / ____

Last 4 Digits of SSN/Vendor EIN: _____

Check one box ONLY:

☐ New DD
Set Up

☐ New Paycard
Set-Up

Name of Financial Institution: _____

Type of Account: ☐ Checking

☐ Savings

Percentage: _____ %

FOR CHECKING ACCOUNT: Tape a voided check here. (No starter check or deposit slip.)

FOR SAVINGS ACCOUNT: Attach letter from bank with routing and account numbers. (Letter must be typed on bank's letterhead.)

Name of Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings Percentage: _____ %

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FOR CHECKING ACCOUNT: Tape a voided check here. *(No starter check or deposit slip.)*

FOR SAVINGS ACCOUNT: Attach letter from bank with routing and account numbers. *(Letter must be typed on bank's letterhead.)*

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Authorization for Set-Up:

- ☐ I hereby authorize Premier Financial Management Services (PFMS) to **deposit** any amount owed to me for wages and/or reimbursements. PFMS is not responsible for any erroneous information provided. Also, I grant PFMS permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayments by debiting my account. This authorization is to remain in full force and effect until PFMS receives written notification from me to terminate the agreement.
- ☐ I hereby elect and consent to receive my wages to a **paycard** by electronic transfer. I also grant Premier Financial Management Services (PFMS) permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. I acknowledge I have received a copy of the terms, conditions, and fees associated with using the aforementioned paycard. This authorization is to remain in full force and effect until PFMS receives written notification from me to terminate the agreement.

Signature: _____ Date: ____ / ____ / ____

Paycard Number:
(For office use only)

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