



# Employer's Previous Business Information

**This form must be completed by the individual assuming the role of the Employer.** Please provide a response to every question below. If any of the questions *cannot* be answered, check "N/A" or write "Do not know" next to the question.

Please do not provide answers to the below questions based on a Partnership, Corporation, Limited Liability Company (LLC), Trust, Estate, Nonprofit or any other entity not considered a Sole Proprietor. Acumen Fiscal Agent, LLC can only accept an EIN and business information for a Sole Proprietor business. **If you have ever owned a Sole Proprietor (currently or in the past), you must let us know. Failure to do so will also drastically increase the time it takes to enroll and receive services under this program.**

<b>Employer Full Name</b> (as shown on Social Security Card)	<b>Employer Social Security Number (SSN)</b>
<b>Other Names or Alias Used</b> (please list all):	

		YES	NO	N/A
1.	Have you ever received an Employer Identification Number (EIN) for any Sole Proprietor business you currently or have previously owned? If yes:			
	Please provide the previously assigned Federal EIN: _____			
	What was the nature of the business: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Is the business still active (including any requirements for filing income tax, payroll tax, or information returns): YES _____ NO _____			
2.	Have you ever previously been enrolled with another Fiscal/Employer Agent (F/EA), sometimes known as a Financial Management Service Agency? If yes:			
	Please provide the name of the F/EA: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide dates of when you were with the F/EA: _____			
3.	Was a business account ever established on your behalf for state unemployment insurance (SUTA) by your state's Department of Labor/Employment? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide the account number, if known: _____			
4.	Was a business account for state income tax (SIT) withheld on behalf of your employees ever established on your behalf with the state's Department of Revenue? If yes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Please provide the account number, if known: _____			

If you answered yes to question #2, please contact the prior F/EA to obtain the documents received from the Internal Revenue Service (IRS) and state taxing authorities when you were granted your EIN and state tax accounts. Documents should include a Letter 147C or CP575 issued by the IRS, and confirmation of the state tax accounts being created.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date