



New Employer/Designated Rep Enrollment Sample Packet

Welcome to Acumen and congratulations on self-directing your supports! We are excited to take part in this process with you.

The forms in the Enrollment Packet are required to authorize Acumen to act on your behalf. They relate to the withholding and filing of employer- and employee-related taxes. The forms are pre-filled with information provided to Acumen by your Self-Directed Support Coordinator. If any of the information is incorrect, contact Acumen for updated forms.

Please read through each page carefully and follow the steps listed. Errors on paperwork are the most common reason for delays in getting started.

An overview of the process:

1. Your agent pre-fills the forms with information provided by the Self-Directed Support Coordinator and sends to you for review and completion.
 - a. If any of the information is incorrect, contact Acumen for a new form.
 - i. Phone: (866) 414-2541
 - ii. Email: customerservice@acumen2.net
 - iii. Website: <https://www.acumenfiscalagent.com/missouri/>
 - b. **DO NOT cross out mistakes. A new form will need to be completed if mistakes are made.** DO NOT use white out.
2. Complete the forms as shown on the following pages.
 - a. Signatures must be hand written. The IRS does not allow for digital signatures.
3. Send the packet back to Acumen by fax (816) 396-6912, email enrollment@acumen2.net or mail 1123 Wilkes Boulevard, Suite 230, Columbia, MO 65201.
4. Acumen will review your paperwork and will get back to you with any updates that are needed.
5. Once Acumen has received everything complete and correct, you will receive a "Good to Go" by email.
 - a. Acumen uses secure email to protect your information. Occasionally these emails will show up in your Spam folder, so keep an eye there. You must register with the secure site to read messages from Acumen. For help, please review [How to Access Acumen Secure Emails](#) on our website at: <https://www.acumenfiscalagent.com/missouri/>

The following pages contain samples of each employer enrollment form. Keep in mind, the sample packet is an example of how to complete the forms. Each employer may have different circumstances causing the forms to be completed differently. Read the explanations on each page to see the best way to complete it for your situation.

If you have questions or need help, please don't hesitate to contact your dedicated Acumen Agent or our customer service at customerservice@acumen2.net or (866) 414-2541.

We look forward to working with you!



Employer Services Agreement – Page 1



Missouri Self-Directed Supports EMPLOYER SERVICES AGREEMENT

The Individual / Employer/ Designated Representative Services Agreement defines the roles and responsibilities of each party under the Self-Directed Supports (SDS) program. The employer/ designated representative must review the roles and responsibilities and agree to the terms and conditions described in this services agreement before receiving services through the SDS program.

①

INDIVIDUAL INFORMATION	
Individual First Name: INDIVIDUAL FIRST NAME	Individual Last Name: INDIVIDUAL LAST NAME

If the Individual is a minor child, the “Employer” is the parent/guardian. Please complete the below section if the Individual is a minor child.

②

EMPLOYER/GUARDIAN INFORMATION	
Guardian First Name: GUARDIAN FIRST NAME	Guardian Last Name: GUARDIAN LAST NAME

An Individual receiving services who is 18 years of age has the right to identify a Designated Representative for the purpose of self-directing supports. Please complete the below section if a Designated Representative has been identified to serve on behalf of the Individual.

③

DESIGNATED REPRESENTATIVE INFORMATION	
Designated Representative First Name: DES REP FIRST NAME	Designated Representative Last Name: DES REP LAST NAME

PROGRAM STAKEHOLDERS

1. The “Employer” is the Individual who has a disability and who receives services through the Missouri Department of Mental Health, Division of Developmental Disabilities (DMH-DD). A Designated Representative (Des. Rep.) may be authorized by the Individual/Guardian to manage day-to-day employee activities on the Individual’s behalf. In the case of a minor child the “Employer” is the parent/guardian of the Individual receiving services. The Employer will be the Federal Employer Identification Number (FEIN) Holder and will employ persons to provide services to the Individual.
2. Acumen Fiscal Agent, LLC (Acumen) is the “Fiscal Employer Agent” (F/EA). As authorized under IRS Revenue Procedure 70-6 for the purpose of payroll and payroll reporting services, the F/EA will file on behalf of the Employer/FEIN Holder.
3. DMH-DD and its agents associated with the Self-Directed Supports Program is the entity that governs services and authorizes the Individual Service Plan (ISP) and budget. The DMH-DD recognizes that Acumen, acting as the F/EA, will provide Fiscal Management Service (FMS) to the Employer/Des. Rep.

1. The Individual is the person receiving services in the Self-Directed Supports (SDS) program.
2. If the individual is a minor child, the employer is the parent/guardian.
3. If a designated representative has been identified to serve on behalf of the individual, that person’s name goes here.



Employer Services Agreement – Page 7

representatives will no longer be considered a qualified provider.

INVOLUNTARY TERMINATION OF SELF-DIRECTED SERVICES:

If the planning team determines the health and safety of the individual receiving services is at risk, the option of self-directing may be terminated. Further, termination of self-directing could occur if there are concerns regarding the individual's ability to stay within budgeted authorization, or if the individual is unwilling to supervise employees to receive services according to his or her service plan. The Employer/Des. Rep. must ensure that proper documentation of services is maintained. Before terminating self-direction options, the service coordinator and other appropriate staff will first counsel the Employer/Individual receiving services to assist him or her in understanding the issues, let the individual know what corrective action is needed, and offer the individual assistance in making changes. If the individual refuses to cooperate, the option of self-directing will be terminated.

However, the same level of services would be offered to the individual through an agency model. There will be no reduction of services and the individual/designated representatives will no longer be considered a qualified provider.

SELF-DIRECTED SUPPORTS HANDBOOK ACKNOWLEDGMENT

I have received the Self-Directed Supports, *Got Choice*, handbook and I understand that it is my responsibility to read and comply with the training and guidelines contained within it and any revisions made to it. I understand that it is my responsibility to ask my Support Coordinator or Regional Office Self-Directed Support Coordinator for any clarification needed.

SIGNATURES

By signing below, I attest that I have read this *Employer Services Agreement* in its entirety. I understand my responsibilities as an Employer/Des. Rep. and agree to abide by the terms and conditions of this Employer Services Agreement.

②

Employer Name

EMPLOYER/GUARDIAN SIGNATURE:

SIGN HERE

02/01/2021

DATE:

③

Designated Rep

DESIGNATED REPRESENTATIVE SIGNATURE:

SIGN HERE

02/01/2021

DATE:

1. Employer/ Guardian/ Designated rep reviews all pages of the Employer Services Agreement.
2. Employer/ Guardian signs and dates attesting that you have read and understand the Agreement.
3. If a designated rep has been identified, designated rep signs and dates attesting that you have read and understand the agreement.

*If there is no designated rep identified, leave designated rep signature and date blank.

This document outlines the roles and responsibilities of each party, as well as the terms and conditions of being an employer in the Self-Directed Supports program.



Designated Representative Agreement

If a Designated Representative has been identified, complete this form. If there is no Designated Representative, skip this form.



MISSOURI SELF-DIRECTED SUPPORTS DESIGNATED REPRESENTATIVE AGREEMENT

Designated Representative Agreement (if applicable):

An individual receiving services (Individual) through the Missouri Department of Mental Health, Division of Developmental Disabilities who is 18-years of age or older has the right to identify a Designated Representative for the purpose of self-directing supports. The Designated Representative is responsible for managing employee(s) and acting in the best interest of the Individual. If a representative has been designated by a court, the legal guardian will identify themselves or another person as the representative.

A Designated Representative must: 1) Direct and control the employees' day-to-day activities and outcomes; 2) Ensure, as much as possible, that decisions made would be those of the Individual in the absence of their disability; 3) Accommodate the Individual, to the extent necessary, so that they can participate as fully as possible in all decisions that affect them; accommodations must include, but not be limited to, communication devices, interpreters, and physical assistance; 4) Give due consideration to all information including the recommendations of other interested and involved parties; and 5) Not be paid to provide any supports to the Individual.

Designated Representative's relationship to the Individual:

- ① ☐ Spouse; ☐ Adult child of the Individual; ☐ Parent; ☐ Adult brother or sister;
☐ Another adult relative of the Individual. Relationship to Individual: _____

If the Individual wants a representative but is unable to identify one of the above, the Individual, along with their Support Coordinator and planning team, may identify an appropriate representative. The 'other representative' must be an adult who can demonstrate a history of knowledge of the Individual's preferences, values, needs, etc. The Individual and his or her planning team are responsible to ensure that the selected representative is able to perform all the employer-related responsibilities and complies with requirements associated with representing one Individual in directing services and supports.

- ② ☐ Other representative. Relationship to Individual: _____

- ③ I, **INDIVIDUAL NAME** (Individual), hereby appoint **DES REP NAME**, to serve as my Designated Representative for the Missouri Self-Directed Supports Program. My Designated Representative is authorized to act on my behalf and act as the common law employer for purposes of self-directing my support. My Designated Representative is an unpaid person who has agreed to act on my behalf.

④ *Employer Name*  02/01/2021
Individual/Guardian Signature Date

I hereby agree to serve as the Designated Representative for the above-named Individual and understand my responsibilities and duties as described above.

⑤ *Designated Rep*  02/01/2021
Designated Representative Signature Date

Phone (866) 414-2541 Fax (866) 496-4577 enrollment@acumen2.net

Rev. 10/29/20

1. If the designated rep is a relative of the individual, mark the appropriate box for the relationship between the designated rep and the individual.
2. If the designated rep is not a relative, mark Other representative and list the relationship.
3. Enter the individual's name and the designated rep's name in the appropriate boxes.
4. Employer reviews the document, signs and dates; appointing the designated rep.
5. Designated rep reviews, signs and dates; accepting the responsibilities in the document.

This document outlines the responsibilities of and appoints the designated representative, if applicable.



1. Employer's full name in 1.
2. Employer's physical address in 5a & 5b.
3. Employer's county and state in 6.
4. Employer's full name in 7a.
5. Employer's social security number in 7b.
6. Employer enters name, signs and dates.

*Signature must be a 'wet' signature. The IRS will not accept a digital signature.

Acumen uses this form to apply for a Federal Employer Identification Number (also known as FEIN or EIN) on behalf of the employer. This number is used to report, deposit and pay employment taxes for the employer.



Form 8821 – Tax Information Authorization

Form 8821 (Rev. February 2020) Department of the Treasury Internal Revenue Service	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.	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 7.			
Please fill in your name and address here.	Taxpayer name and address EMPLOYER FULL NAME EMPLOYER PHYSICAL ADDRESS EMPLOYER CITY MO ER ZIP	You must list a physical address. A PO box will not be accepted. Taxpayer identification number(s) Daytime telephone number Plan number (if applicable) EMPLOYER PHONE	
2 Appointee. If you wish to name more than one appointee, attach a list to this form. Check here if a list of additional appointees is attached <input type="checkbox"/>			
Name and address Acumen Fiscal Agent, LLC 5416E. Baseline Rd., Ste 200 Mesa, AZ 85205		CAF No. <u>0305-91438R</u> PTIN _____ Telephone No. <u>480-255-3300</u> Fax No. <u>480-371-2241</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>	
3 Tax Information. Appointee 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. <input type="checkbox"/> 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. 4960H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment, Income Tax W/1	941, 940	2019-2023	Tax Liability & EIN Verify
4 Specific use not recorded on 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 lines 5 and 6. <input type="checkbox"/>			
5 Disclosure of tax information (you must check a box on line 5a or 5b unless the box on line 4 is checked): a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box <input checked="" type="checkbox"/> Note: Appointees will no longer receive forms, publications, and other related materials with the notices. b If you don't want any copies of notices or communications sent to your appointee, check this box <input type="checkbox"/>			
6 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 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain <input type="checkbox"/> To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.			
7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or party 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 COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.			
▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.			
Please sign your name and put the date here.	Signature <u>Employer Name</u>		Date <u>02/01/2021</u>
Print your name here.	Print Name <u>EMPLOYER FULL NAME</u>		Title (if applicable) <u>HHCSR</u>

1. Employer's full name and physical address.
2. Employer's phone number.
3. Employer's full name, sign and date.

*Signature must be a 'wet' signature. The IRS will not accept a digital signature.

This form authorizes Acumen to communicate with the IRS on the employer's behalf. This authorization is restricted to information on the employer's account in the Self-Directed Supports program. It does not give Acumen authorization on the employer's personal tax accounts.



Form 2678 Employer/Payer Appointment of Agent

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)

9 8 7 6 5 4 3 2 1

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

EMPLOYER FULL NAME

3 Trade name (if any)

N/A

4 Address

You must list a physical address. A P.O. Box will not be accepted.

EMPLOYER PHYSICAL ADDRESS

Number Street Suite or room number

EMPLOYER CITY

MO

ER ZIP

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.)

Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)
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)

For ALL employees/
payees/payments

For SOME employees/
payees/payments

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*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.

Sign your name here

Employer Name

SIGN HERE

Print your name here

EMPLOYER FULL NAME

Print your title here

Household Employer

Date

0 2/0 1/202 1

Best daytime phone

EMPLOYER PHONE

Now give this form to the agent to complete.

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

IRS.gov/form2678

Cat. No. 18770D

Form 2678 (Rev. 8-2014)

1. Leave the EIN boxes blank.
2. Employer's full name and physical address.
3. Employer's full name and phone number.
4. Employer signs and dates.

*Signature must be a 'wet' signature. The IRS will not accept a digital signature.

This form appoints Acumen as the employer's agent with the IRS for reporting, depositing and paying employment taxes for the Self-Directed Supports program.



Form 2827 – Missouri Department of Revenue

Power of Attorney – Page 1



MISSOURI DEPARTMENT OF
REVENUE
Power of Attorney

Department Use Only
(MM/DD/YY)

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Taxpayer Missouri
Tax I.D. Number

9	9	9	9	9	9	9	9
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Taxpayer Federal
Employer I.D. Number

9	8	7	6	5	4	3	2	1
---	---	---	---	---	---	---	---	---

Taxpayer Social
Security Number

0	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---

14504010001

All appointed representatives must sign on reverse side of this form.

Taxpayer's Name or Business Name EMPLOYER FULL NAME			
Spouse's Name or if a dba, state the business name			Spouse's Social Security Number
Street Address EMPLOYER PHYSICAL ADDRESS			
City EMPLOYER CITY		State MO	Zip Code ER ZIP
E-mail Address EMPLOYER EMAIL		Missouri Charter Number	
Telephone Number (1 1 1) 1 1 1 - 1 1 1 1			

Representative(s)	Name of Appointed Representative	Address	Telephone Number	E-mail Address
	ACUMEN FISCAL AGENT	5416 E BASELINE RD STE 200	(6 2 3) 7 9 2 - 6 1 0 0	TAX-MO@ACUMEN2.NET

Tax Type(s)	<input type="checkbox"/> Cigarette or Other Tobacco Products	<input type="checkbox"/> Corporation Income and Corporation Franchise	<input type="checkbox"/> Personal Income
	<input type="checkbox"/> Motor Fuel	<input type="checkbox"/> Sales or Use	<input checked="" type="checkbox"/> Withholding
	<input type="checkbox"/> Other		

Year(s) and Period(s)	Only select one of the following:	
	<input checked="" type="checkbox"/> All Tax Periods	<input type="checkbox"/> Tax Year or Period(s) Only _____
	<input type="checkbox"/> Range of Tax Tax Period Beginning ____ / ____ / ____ to Tax Period Ending ____ / ____ / ____	<input type="checkbox"/> Date of Death (if estate tax) ____ / ____ / ____

Removal of Power	<input type="checkbox"/> All other powers of attorney on file with the Department shall remain in effect, or
	<input checked="" type="checkbox"/> By execution of this power of attorney, all earlier powers of attorney on file with the Department are hereby revoked, except the following: (specify to whom the power of attorney was granted, date and address, or refer to attached copies of earlier powers of attorney and authorizations.) Attach additional forms if needed. _____ _____

1. Leave the Taxpayer Missouri Tax ID Number blank. Acumen will apply for this number on the employer's behalf.

2. Leave the Taxpayer Federal Employer ID Number blank. Acumen will apply for this number on the employer's behalf.

3. Employer's social security number. This is required to request the tax ID.

4. Employer's full name, physical address, phone and email address.

Leave all other information as is.



Form 2827 – Missouri Department of Revenue

Power of Attorney – Page 2

Under penalties of perjury, I (we) hereby certify that I (we) am (are) the taxpayer(s) named herein or that I have the authority to execute this power of attorney on behalf of the taxpayer(s).		
Signature	Name	Title (if applicable)
	EMPLOYER FULL NAME	Household Domestic Employer
	Signature <i>Employer Name</i>	Date (MM/DD/YYYY) 02/01/2021
		Taxpayer Telephone Number (111) 111-1111
	Name	Title (if applicable)
	Signature	Date (MM/DD/YYYY)
		Taxpayer Telephone Number

1. Employer's name, title, signature, date and phone number.

Leave all other information as is.

*Signature must be a 'wet' signature. A digital signature cannot be accepted.

Please consult Missouri Regulation [12 CSR 10-41.030](#) for any questions about who may serve as an attorney(s)-in-fact and what additional documentation may be required.

I declare that I am aware of Regulation [12 CSR 10-41.030](#) and that I am authorized to represent the taxpayers identified above for the tax matters there specified and that I am one of the following:

1. a member in good standing of the bar;
2. a certified public accountant duly qualified to practice;
3. an officer of the taxpayer organization;
4. a full-time employee of the taxpayer;
5. a fiduciary for the taxpayer;
6. an enrolled agent;
7. tax preparer, or
8. other authorized representative or agent

Note: All appointed representatives must sign below. No digital signatures allowed.

Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY)
Designation (Please select number from list above)	Title (if applicable)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY)
Designation (Please select number from list above)	Title (if applicable)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY)
Designation (Please select number from list above)	Title (if applicable)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		
Printed Name of Representative	Signature of Representative	Date (MM/DD/YYYY)
Designation (Please select number from list above)	Title (if applicable)	
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8		

Mail to:
(Business Tax)
Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357
Phone: (573) 751-5960
Fax: (573) 522-1722
E-mail: businessregister@dor.mo.gov

(Personal Tax)
Taxation Division
P.O. Box 2200
Jefferson City, MO 65105-2200
Phone: (573) 751-3505
Fax: (573) 751-2195
E-mail: income@dor.mo.gov

(Motor Fuel Tax)
Taxation Division
P.O. Box 300
Jefferson City, MO 65105-0300
Phone: (573) 751-2611
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov

(Cigarette or Other Tobacco Products Tax)
Taxation Division
P.O. Box 811
Jefferson City, MO 65105-0811
Phone: (573) 751-7163
Fax: (573) 522-1720
E-mail: excise@dor.mo.gov



If this is being submitted in response to an audit, please fax to (573) 522-6922.

Visit <http://dor.mo.gov/> for additional information.



14504020001

This form is used to assign Acumen as your tax professional with the Missouri Department of Revenue. This assignment allows Acumen to make filings on your behalf, obtain your tax information, and resolve issues you may have regarding your responsibilities for state tax withholding as an employer in the Self Directed Supports program.



Missouri Department of Labor and Industrial Relations

Power of Attorney



DIVISION OF
**EMPLOYMENT
SECURITY**

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS

POWER OF ATTORNEY

I. Business/Taxpayer			
Name EMPLOYER FULL NAME			
Address EMPLOYER PHYSICAL ADDRESS	City EMPLOYER CITY	State MO	ZIP Code ER ZIP
Phone Number EMPLOYER PHONE	FEIN 9 8 7 6 5 4 3 2 1	UI Tax Number A123456	
II. Does Hereby Appoint			
Name of Appointed Representative (Business Name) ACUMEN FISCAL AGENT		FEIN 87-0576224	Phone Number 623-792-6100
Address 5416 E. Baseline Rd STE 200	City Mesa	State AZ	ZIP Code 85206
as attorney(s)-in-fact to represent taxpayer before the Missouri Division of Employment Security with respect to the following Unemployment Insurance matter(s):			
Change employer's official mailing address to that of appointed representative for (check all that apply):			
<input checked="" type="checkbox"/> UI Tax Matters <input checked="" type="checkbox"/> UI Claim Matters <input type="checkbox"/> Information Only (Address remains employers)			
This authorization supersedes and revokes any prior power of attorney or authorization on file with the Missouri Division of Employment Security relating to the subject matter hereof.			
If the business/taxpayer has multiple Power of Attorneys please check: <input type="checkbox"/> Multiple POA's			
The authorization does <u>not</u> apply to the Division of Employment Security appeals process.			
III. Signature of Business Representative/Taxpayer			
Name (printed) EMPLOYER FULL NAME		Title DOMESTIC EMPLOYER HHCSR	
Signature <i>Employer Name</i>		Date 02/01/2021	
IV. Signature of Appointed Representative			
Name (printed) Nora Schell		Title Tax Specialist	
Signature <i>Nora Schell</i>		Date	
V. Mail or fax completed form to:			
Missouri Division of Employment Security Attn: Liability Unit P.O. Box 59 Jefferson City, MO 65104-0059 Fax Number: 573-751-7483			

Appointed Representatives MUST be registered as a third party to access client information online.
For further details call 573-751-3340 or register online at uinteract.labor.mo.gov.

IMPORTANT: If needed, call 573-751-3340 for assistance in the translation and understanding of the information in this document.
¡IMPORTANTE! Si es necesario, llame al 573-751-3340 para asistencia en la traducción y entendimiento de la información en este documento.
Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711

MODES-4444 (05-19) AI
UITax

1. Employer's full name, physical address and phone number.
2. Leave FEIN and UI Tax Number blank. Acumen will complete these sections on the employer's behalf.
3. Employer's name, title, signature and date.

Leave all other information as is.

*Signature must be a 'wet' signature. A digital signature cannot be accepted.

This form appoints Acumen to represent you, as an employer, regarding state unemployment taxes.