



Authorization Form

Complete each item and fax (866) 862-6862 or mail 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 to Acumen. Please call (866) 862-6861 if you have any questions.

I hereby authorize Acumen Fiscal Agent (Acumen) to:

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail EIN information to Acumen once obtained. **Note: If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.**
2. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, Ohio unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to Ohio's Unemployment Compensation Law and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file, and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the Ohio Department of Taxation and/or Ohio Department of Job and Family Services.

What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are appointing Acumen Fiscal Agent to act as your agent for the Ohio Department of Taxation and the Ohio Department of Job and Family Services in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded through the State of Ohio, Area Agency on Aging District 7.

Employer

The person who hires, fires, trains and manages staff.

Name	
Social Security #	
Physical Address <i>(if different)</i>	
Physical Address City/State/Zip	
Mailing Address <i>(if different)</i>	
Mailing Address City/State/Zip	
Phone Number	
Email Address (optional)	
Care Manager	
Name	
Phone Number	
Email Address	

Veteran

The individual receiving services.

Name	
Date of Birth	
Social Security #	
Physical Address	
Physical Address City/State/Zip	
Mailing Address <i>(if different)</i>	
Mailing Address City/State/Zip	
Phone Number	
E-mail Address (optional)	

Your signature means that you have read and understand the above information.

Signature of Employer

Date