Ohio Veteran-Directed Services Program
Employer Packet
(keep this folder for your records)

Congratulations on self-directing your support. This Veteran Directed Option is made available through the **Ohio Veteran Directed Home and Community Based Services** program. Acumen Fiscal Agent, LLC (Acumen) will be providing the payment services for this program. We are excited to take part in this process with you. Acumen Fiscal Agent, LLC (Acumen) is one of the oldest and most experienced Fiscal Employer Agents in the nation. We have been helping people self-direct since 1995, and we look forward to working with you.

Becoming an Employer
Inside this folder you will find the necessary forms and instructions that authorize Acumen to act on your behalf as your Fiscal/Employer Agent (F/EA). This appointment is only in regards to this Veteran-Directed program.

The following forms are needed to authorize Acumen to act as your Fiscal Employer Agent. Please complete and return them to Acumen. Examples of these completed forms can be found in the back of this packet. Please check and note the date you mailed or faxed to Acumen.
*If you currently have or have had an Employer Identification Number (EIN), do not complete any further employer enrollment forms. Please call Acumen at the phone number listed below.

- ☐ Acumen Authorization Form — Date Sent _____
- ☐ Employer Appointment of Agent - IRS Form 2678 — Date Sent _____
- ☐ Application for Employer Identification Number – IRS Form SS-4 — Date Sent _____
  Fill out numbers 1, 5a, 5b, 6, 7a, 7b, and sign
- ☐ Employer Representative Authorization – JFS 20106 — Date Sent _____
- ☐ Withholding Tax Payroll Service Company Authorization And Release – Form WT 8655 — Date Sent _____
- ☐ Employer Agreement Form — Date Sent _____
- ☐ Employer Previous Business Form — Date Sent _____
- ☐ Assignment of Authorized Representative (optional) — Date Sent _____

Your Care Manager will notify Acumen of the services and dollars that have been approved in your Spending Plan.

Email, Fax or Mail Information to Acumen
Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206
enrollment@acumen2.net
Fax: (866) 862-6862

Employment law is complicated. It is considered a specialty area in the legal profession. The purpose of this overview is to briefly review some requirements in a general way. **This overview should in no way be considered a substitute for competent legal counsel.**

When You Hire an Employee:

1. It is important to not discriminate against an applicant because of their age, race, color, religion, sex, national origin, or disability.
2. You must hire people who are authorized to work in the United States – citizens and legal aliens with proper documentation. You are required to complete a Form I-9 to verify their authorization to work. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and resubmit the form to Acumen within three days of the actual date of hire.
3. Avoid the temptation to classify your workers as independent contractors, as they probably are not. If you are not sure if someone providing a service for you is an employee or an independent contractor, go to the IRS website at www.irs.gov and fill out an SS-8 Form. Just type in SS8 in the search box. This form will help you to determine which classification to use.

After You Hire an Employee:

1. The work environment must be "free from recognized hazards that are causing or are likely to cause death or serious physical harm."
2. Your employees should not be subjected to circumstances that would create a "hostile work environment." Such an environment can be many things, but an employee should never be subjected to sexual harassment or belittlement, jokes, or prejudice because of their age, race, color, religion, sex, national origin, or disability.

If You Need to Terminate Employment:

If your state is an "at will" state, it means both you and your employee have the right to terminate employment with or without cause; but it is important that you treat people professionally and fairly. You cannot terminate or lay off an employee because of their age, race, color, religion, sex, national origin, or disability. Remember, you must notify Acumen whenever you terminate an employee or when an employee stops working for you.

More Information:

- For free federal information you can access the Federal Department of Labor: www.dol.gov. They issue a *Small Business Handbook,* which is helpful. It can be viewed and downloaded for free.
- For free state information you can access the Ohio Commerce Division of Labor and Worker Safety: http://www.com.ohio.gov/laws/.
- Recommended Reading: *The Employer's Legal Handbook*, published by Nolo. This book can be purchased online at www.nolo.com or from area bookstores.

Workers' Compensation

This program requires that the employer have Workers' Compensation. Upon enrollment, your employees are automatically covered by Workers' Compensation insurance with an "A" rated company. There are no additional forms you need to fill out.

Remember, you can do your part to prevent injury and keep the cost of this Workers' Compensation insurance down by providing a safe, hazard free workplace, and by training your employees on how best to support you.

Please report all work-related injuries to Acumen within 24 hours. For more information or to report an injury, please call (866) 472-2297.

Fraud

Fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided, in order to obtain improper payment. The Fraud Unit investigates and prosecutes people who commit fraud. Fraud is a felony, and conviction can lead to substantial penalties.

Examples of Fraud include:

- Signing or submitting a timesheet for services that were not actually provided.
- Signing or submitting a timesheet for services provided by a different person.
- Signing or submitting a timesheet for services that were reimbursed by another source.
- Signing or submitting a duplicate timesheet for reimbursement from the same source.

To view Acumen's False Claims Policy go to www.acumenfiscalagent.com, click on the "Resources" tab then locate our "False Claim Policy."

Reports

We will provide you with a report each month. It is important to read the report and to call us with any questions that you may have. The report summarizes your employee's time, any vendor payments, your beginning allocation, and declining balance, so you are aware of the remaining amount after each payment. This report is emailed to you for your convenience if we have your email address on file!

Or, you can access various reports at any time through the use of your DCI Web Portal account. Your DCI Web Portal account will be assigned to you after your enrollment paperwork is complete!

Remember, only services that are approved in your Spending Plan will be paid through this program. As an employer, if you cause work to be performed over and above what you have been approved for, you are responsible for paying for those services.

Background Checks

All employees are required to successfully pass a Criminal History Background Check **prior** to working in this program. Your Care Manager will let Acumen know whether or not your employee is cleared for hire.

Reminder:

Having Acumen as your Fiscal Employer Agent does nothing to the employer-employee relationship. Acumen is **not** the employer.

There are three major players, each with a distinct role, within a self-directed program. Knowing the differences between them can be hard. Please refer to the table below when trying to determine who does what.

Care Manager	Employer (Veteran or Authorized Representative)	Acumen Fiscal Agent
• Conducts assessments to establish needs • Assesses appropriateness for self-direct services • Explains services available to an eligible person • Develops Individual Spending Plan • Monitors and follows up on services received by the individual • Assists person in services as needed • Receives, reviews and submits all vendor payment requests • Reviews employee background clearances and determines eligibility for hire	• Completes all necessary forms for enrollment • Hires and fires employees • Requests criminal background checks through Care Manager • Schedules and sets wages for employees • Trains employees to provide approved services • Provides a safe work environment • Ensures that all time entered through the DCI system is accurate and/or timesheets are complete, accurate and signed by both the employee and the employer • Sends timesheets to Acumen or ensures time submission is complete through the DCI Web Portal • Keeps important records on each employee and keeps them confidential • Reviews account statements from Acumen Fiscal Agent and ensures they are accurate and complete • Manages the spending plan • Follows all relevant laws and rules on employment	• Sets up veteran and employer in the payroll system • Processes all employee paperwork • Sets up all employees in the payroll system • Processes time entry submissions, vendor requests, and reimbursements in accordance with the approved Spending Plan • Withholds and pays all required taxes • Arranges for Workers' Compensation and other benefits • Provides reports to the employer and AAA7 • Answers questions about enrollment and payroll processes • Ensures compliance with other program rules

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 *(if different)*	
Physical Address City/State/Zip	
Mailing Address *(if different)*	
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 *(if different)*	
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*

Form 2678 Employer/Payer Appointment of Agent

(Rev. December 2023) 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'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)	☑	☐
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.

X **Sign your name here**

Print your name here

Print your title here HCSR EMPLOYER

Date / /

Best daytime phone

Now give this form to the agent to complete.

Form **8821**

(Rev. January 2021)

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. See instructions.**

OMB No. 1545-1165

For IRS Use Only
Received by:
Name
Telephone
Function
Date

Please fill in your name and address

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	You must list a physical address. A PO box will not be accepted.	Taxpayer identification number(s)	
		Daytime telephone number	Plan number (if applicable)

Please fill in your phone number here.

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached ▶** ☐

Name and address	CAF No. / PTIN / Telephone No. / Fax No.
Check if to be sent copies of notices and communications ☑	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address	CAF No. / PTIN / Telephone No. / Fax No.
Check if to be sent copies of notices and communications ☐	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax information. Each designee 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.

☐ 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. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
EMPLOYMENT TAXES	**940 AND 941**	**Q1 2025 THRU Q4 2027**	**NOT APPLICABLE**
EMPLOYMENT TAXES	**W2 AND W3**	**2025 THRU 2027**	**NOT APPLICABLE**
INCOME TAXES	**1099**	**2025 THRU 2027**	**NOT APPLICAB LE**

4 Specific use not recorded on the 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 line 5 . . . . . ▶ ☐

5 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 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ▶ ☐
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual 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 COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

Please sign your name here.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Enter date here.

Please print your name here.

Signature | Date

HCSR EMPLOYER

Print Name | Title (if applicable)

Form **SS-4**
(Rev. December 2023)
Department of the Treasury
Internal Revenue Service

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.

Employer's Name Here

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
4a Mailing address (room, apt., suite no. and street, or P.O. box) 5416 E BASELINE RD STE 200	**5a** Street address (if different) (Don't enter a P.O. box.)
4b City, state, and ZIP code (if foreign, see instructions) MESA, AZ 85206-4704	**5b** City, state, and ZIP code (if foreign, see instructions)

Employer's Street Address Here

Employer's City, St, Zip Here

Employer's County & State Here

6 County and state where principal business is located

Employer's Name Here

7a Name of responsible party	**7b** SSN, ITIN, or EIN

Employer's SSN Here

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) HCSR EMPLOYER
- ☐ 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) HCSR EMPLOYER
- ☐ 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

14 Reserved for future use

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
	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
- ☐ Real estate ☐ Manufacturing ☐ Finance & insurance
- ☐ Health care & social assistance ☐ Accommodation & food service
- ☑ Other (specify) HCSR EMPLOYER
- ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR EMPLOYER

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 ALMA STEWART, SUNNY HUDSON	Designee's telephone number (include area code) (623) 792-6100
Address and ZIP code 5416 E BASELINE RD STE 200, MESA, AZ 85206-4704	Designee's fax number (include area code) (480) 371-2241

Telephone number required

Employer's Name Here

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.

Name and title (type or print clearly) HCSR EMPLOYER

Applicant's telephone number (include area code)

Employer Sign Here

Signature

Date

Applicant's fax number (include area code)

Employer's Date Here

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), 10–13, 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)[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.

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. Box 182404
Columbus, Ohio 43218-2404
(614) 466-2319
http://unemployment.ohio.gov

FOR 0006A

AGENT AUTHORIZATION FORM

To immediately authorize an agent (third party administrator, accountant, payroll company, etc) to act on your behalf regarding your account, please visit http://unemployment.ohio.gov. If you prefer, you may submit your information by completing this form and your account will be updated within 2-3 weeks. When completing this form, please print, using block capital letters in black ink. For example:

A	B	C	D	E	F	G	H

Section I - Employer and Representative Information

Employer Legal Name

Employer ID

Plant Number (If none, please leave blank.)

Employer Phone Number

Agent Name

ACUMEN FISCAL AGENT LLC

Agent ID

6000005820

Agent Phone Number

623-792-6100

Agent Address Line 1 - Enter street address or P.O. box information here (for example, 123 Main St., P.O. Box 123.)

5416 E BASELINE RD

Agent Address Line 2 - Enter secondary address information here (for example, STE 123, APT A, 1st FL. If none, please leave blank.)

STE 200

City

MESA

State

AZ

ZIP

85206-4704

Country

UNITED STATES

Province - International addresses only

Postal Delivery Code – International addresses only

T

Section II - Assign Roles and Responsibilities

To give a new agent access to your account, check the role(s) you want the agent to have and enter the "Access Begin Date" (must be the beginning of a quarter for "Wage Submission") and "Access End Date" (optional) for the selected roles.

For all roles except "Wage Submission," once an end date is entered, the agent will no longer have access to those roles after the "Access End Date" provided. If no end date is entered, the access will continue indefinitely.

For "Wage Submission," the dates of access will allow the agent to update your wage records for all quarters within the access dates, regardless of the current date. For example, if you give an agent access for the first quarter of the year, the agent will be able to access the wage records for that quarter at any time. If you wish to completely remove access for the agent, which would prevent them from accessing quarters they were previously authorized for, select the "Remove Access" box for the agent.

You cannot grant two agents access to the same role during the same time period. If you want to change agents, you must remove the role from the existing agent by entering an "Access End Date."

1a. To what role does the authorization or dissolution selected in Section II apply? (Please check all that apply.)

- ☒ Wage Submission
- ☒ Payment Submission
- ☒ Account Maintenance Updates
- ☒ Appeals
- ☒ Tax Rates

1b. For the roles selected in question 1a, provide "Access Begin Date" and "Access End Date" (Optional)

Access Begin Date

/ /

Access End Date

/ /

☐ Remove Access

Section III - Signature

I hereby acknowledge that by signing this document I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative indicated in Section III, including, but not limited to:

1. Notification required by Section 4141.26;
2. Injury caused by untimely appeal.

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

Employer Signature
NOTE: Must be owner, partner, member, or corporate officer

Title:

DOMESTIC EMPLOYER

Date:

/ /

Ohio | Department of Taxation

WT 8655
Prescribed 7/12

Withholding Tax Payroll Service Company Authorization and Release

Reporting agent agrees to provide authorization to the Ohio Department of Taxation within 24 hours of request.

1. Taxpayer Information. Taxpayer must sign and date this form on line 6.	
Taxpayer name	Employer identification number (EIN)
Address	Social Security number
City, state and ZIP code	Daytime telephone number

2. Reporting Agent Information	
Name Acumen Fiscal Agent, LLC.	Employer identification number (EIN)
Address 5416 E Baseline Rd., Suite 200	Telephone number 623-792-6100
City, state and ZIP code Mesa, AZ 85206	Fax number 480-371-2241

3. State Authorization

The taxpayer hereby grants the reporting agent with limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media or on paper with the Ohio Department of Taxation. The reporting agent is also hereby authorized to receive notices, correspondence and transcripts from the Ohio Department of Taxation, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information related to the taxpayer's state individual income and school district income tax withholding returns and deposits.

This authorization shall include all Ohio Department of Taxation state individual income and school district income tax withholding forms and shall commence with the tax period of _____/_____ and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by the reporting agent. Unless the taxpayer is required to file or deposit electronically, the reporting agent will, at its discretion, file and make deposits on the taxpayer's behalf either electronically, on magnetic media or on paper.

4. Retention/Revocation of Authorization

This authorization automatically revokes all earlier authorizations on file with the Ohio Department of Taxation for the same years or periods covered by this document. If you do not want to revoke a prior authorization, check this box: ☐

You MUST attach a copy of any tax information authorization that you want to remain in effect.

5. Acknowledgement of Responsiblity

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made.

6. Signature of or for Taxpayer

I hereby certify that the Ohio Department of Taxation is authorized to release any and all Ohio withholding tax information in accordance with section 3 above that is in the possession of the department concerning the undersigned taxpayer to the reporting agent specified by this authorization and release. Further, I hereby relieve the Ohio tax commissioner, the Ohio Department of Taxation or any agent or employee thereof from any liability whatsoever for releasing such information.

I certify under penalties of perjury that I am the taxpayer identified below or have the authority to execute this withholding tax information authorization and release on behalf of the taxpayer.

If this withholding tax information authorization and release is not signed, it will be returned.

Print name	Signature
Domestic Employer	
Title	Date

OHIO AAA7 VETERANS PROGRAM
Employer Agreement Form

The veteran or representative elects and accepts the responsibility for self-directing or managing those supports and services as outlined in the Spending Plan. The veteran or representative is therefore recognized as the "Employer."

As the Employer, you are responsible to:

1. Enroll with Acumen and complete all state, federal and program-required paperwork found in the Acumen start-up packet.
2. Recruit, interview, hire and train employees and vendors.
3. Only allow services to be provided that are in compliance with the approved spending plan and within any remaining monthly allocation balances.
4. Hire only qualified employees and/or vendors to provide approved services.
5. Review, approve and sign timesheets and vendor requests to ensure accuracy.
6. Only allow employee(s) to begin performing work after your care manager has notified you that employee(s) is clear for hire.
7. Develop a back up plan should the primary employee not be available to provide care.
8. Notify your care manager immediately of significant changes in circumstances that may affect the Spending Plan and/or the safety of the veteran.
9. Report all employee workplace injuries immediately to Acumen at #1-866-472-2297.

General Understanding:

1. Payments will be directly issued to the employee or vendor of services provided in accordance to the funding limits for approved services in the Spending Plan. All required supporting documentation (timesheets, receipts, invoices, etc.) must accompany all requests for payment.
2. A work week is from Sunday to Saturday.
3. All employees must clear a criminal history background check prior to working.

Veteran Name: _____

Employer Name (if different than Veteran): _____

Employer Signature: _____ Date: _____

Acumen Fiscal Agent, LLC.
4542 E. Inverness Ave., Suite 210
Mesa, AZ 85206
Phone: (866) 862-6861
Fax: (866) 862-6862
enrollment@acumen2.net

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.**

Employer Full Name (as shown on Social Security Card)	**Employer Social Security Number (SSN)**
Other Names or Alias Used (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: _____ 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: _____ 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: 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: 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*

ACUMEN FISCAL AGENT LLC
5416 E BASELINE RD STE 200
MESA, AZ 85206
ENROLLMENT@ACUMEN2.NET

Ohio AAA7 Veteran- Directed Services
Authorized Representative Form - Optional

Name of Veteran:	

I, _____hereby assign the person stated below as my Authorized Representative.
(name of Veteran or Legal Guardian)

Veteran/Legal Guardian Signature: _____ Date:_____

Authorized Representative Information:

Name:	
Mailing Address:	
City/State/Zip:	
Date of Birth:	
Social Security Number:	
Phone Number:	
Email Address:	
Relationship to Veteran:	

An Authorized Representative may be your legal guardian, a family member or any other individual identified and approved by your care manager, who will willingly accept responsibility for performing management tasks in the Veteran Directed Program

An Authorized Representative must:

- Must work with the Care Manager to develop a plan of care
- Be willing to sign tax forms, verify timesheets, and cooperate with the fiscal intermediary or payroll agent
- Be 18 years of age or older
- Must be approved by you, the veteran, and/or consensus from other family members to serve in this role
- Be willing to meet and uphold all of the Veteran Directed Program requirements
- Must sign a designation for authorized representative form
- Must be willing to complete a criminal background if requested
- Must be knowledgeable about your preferences and have ongoing contact with you
- Complete the Veteran Directed Program training

An Authorized Representative may:

- Review, submit, and approve employee time to ensure accuracy.
- Review, submit, and approve request for vendor time to ensure accuracy, if applicable.
- Obtain confidential information from Acumen Fiscal Agent regarding their person served.
- If applicable, perform employer-related duties, such as but not limited to: assist in hiring and terminating employees, managing employees, completing forms, and managing the monthly authorization

An Authorized Representative Cannot:

- Cannot be paid for this service
- Cannot have a history of abuse to drugs or alcohol
- Cannot have any history of physical, mental, or financial abuse

By signing below, I confirm that I have read this "Authorized Representative Form". I also confirm by signing below that I understand what is required of me and agree to follow its terms and conditions. I am willing to volunteer to serve as the Authorized Representative without payment for the named veteran above.

Authorized Representative Signature: _____Date: _____

Worker's Compensation
Claim Reporting Guidelines for Employees

If there has been a workplace injury or accident, please take the following action:

- If the injury or accident is of a serious nature, seek medical attention immediately.
- Employees must report the injury immediately to their employer.
- Employers must report the injury as soon as possible even if it is a weekend or holiday to the Acumen Workers' Compensation Department.
- To report to Acumen, call 866-472-2297. If you get voicemail when you call, leave a message with your name, call back number, state you are located in, a brief description of the incident and if the injury is of a serious nature (including hospitalization (not ER room & home release), immediate surgery status, critical care or death) .
- Messages of injuries of a serious nature will be returned even on a weekend or holiday. All other messages will be returned the following business day.

Timely reporting of any injury that goes beyond First Aid treatment to Acumen's Workers' Compensation Department is important. When reporting, be prepared with the following information:

- Time & place the incident occurred as well as how it occurred.
- Explain in as much detail as possible what happened to cause the injury.
- Take pictures of the area where the incident occurred, if you are able to do so, and any other photos you are able to obtain that may be helpful to the claim.

Contact Acumen's Workers' Compensation Administrator. Direct line is 866-472-2297.

Acumen Fiscal Agent
Innovation • Opportunity • Freedom

PLEASE KEEP THIS PAGE FOR ACUMEN TAX DEPARTMENT CONTACT INFORMATION

If you get contacted by or receive a letter from:

- Ohio Department of Job and Family Services (OH JFS)
- Ohio Department of Taxation (OH DOT)
- Internal Revenue Service (IRS)
- Department of the Treasury
- Any Ohio local municipality

Contact Acumen Fiscal Agent LLC right away:

Email:
Tax-OH@Acumen2.net

Fax:
480-371-2241 ATTN: Ohio Tax Department

Mail:
Acumen Fiscal Agent LLC
Attn: Ohio Tax Department
5416 E Baseline Rd STE 200
Mesa, AZ 85206

Phone:
866-862-6861

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.

SAMPLE

Legal Guardian or Representative

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

Name	Employer Name
Social Security #	333-10-1000
Physical Address *(if different)*	1000 Washington Rd.
Physical Address City/State/Zip	Montgomery, OH 45242
Mailing Address *(if different)*	
Mailing Address City/State/Zip	
Phone Number	513-000-1111
Email Address (optional)	

Care Manager

Name	Care Manager Name
Phone Number	513-222-1111
Email Address	manager@state.oh

Veteran

The individual receiving services.

Name	Veteran Name
Date of Birth	01/01/1960
Social Security #	222-11-1111
Physical Address	2000 Bell Rd
Physical Address City/State/Zip	Montgomery, OH 45242
Mailing Address *(if different)*	
Mailing Address City/State/Zip	
Phone Number	512-111-2222
E-mail Address (optional)	

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

Employer Signature *10/06/2023*

Signature of Legal Guardian/Representative or Veteran *Date*

THIS IS A GUIDE ONLY. DO NOT SUBMIT. USE THIS PAGE AS A GUIDE TO COMPLETE THE NEXT PAGE.

Form 2678 Employer/Payer Appointment of Agent

(Rev. December 2023) 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'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)

- [x] 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) EMPLOYER'S FIRST AND LAST NAME

3 **Trade name** (if any) EMPLOYER'S PHYSICAL STREET ADDRESS

4 **Address**

Number Street Suite or room number

EMPLOYER'S PHYSICAL CITY | STATE | ZIP CODE

City State ZIP code

Foreign country name | Foreign province/county | Foreign postal code

SAMPLE

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.

X **Sign your name here** EMPLOYER'S SIGNATURE

Print your name here EMPLOYERS FULL NAME

Print your title here HCSR EMPLOYER

Date CURRENT DATE

Best daytime phone ER'S PHONE #

Now give this form to the agent to complete.

THIS IS A GUIDE ONLY. DO NOT SUBMIT. USE THIS PAGE AS A GUIDE TO COMPLETE THE NEXT PAGE.

Form **8821**

(Rev. January 2021)

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. See instructions.**

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 6.

Taxpayer name and address	Taxpayer identification number(s)	
EMPLOYER'S NAME EMPLOYERS PHYSICAL ADDRESS EMPLOYER'S CITY, STATE AND ZIP CODE	Daytime telephone number EMPLOYER'S PHONE #	Plan number (if applicable)

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached ▶** ☐

Name and address	
	CAF No.
	PTIN
	Telephone No.
	Fax No.
Check if to be sent copies of notices and communications ☑	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address	CAF No.
	PTIN
	Telephone No.
	Fax No.
Check if to be sent copies of notices and communications ☐	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax information. Each designee 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.

☐ 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. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
EMPLOYMENT TAXES	940 AND 941	Q1 2025 THRU Q4 2027	NOT APPLICABLE
EMPLOYMENT TAXES	W2 AND W3	2025 THRU 2027	NOT APPLICABLE
INCOME TAXES	1099	2025 THRU 2027	NOT APPLICAB LE

4 Specific use not recorded on the 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 line 5 . . . . . ▶ ☐

5 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 5 box and **attach a copy** of the tax information authorization(s) that you want to retain . . . . . ▶ ☐
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual 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 COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Employer's Signature	CURRENT DATE
Signature	Date
EMPLOYER'S NAME	HCSR EMPLOYER
Print Name	Title (if applicable)

Form **SS-4**
(Rev. December 2019)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ **Go to *www.irs.gov/FormSS4* for instructions and the latest information.**
▶ **See separate instructions for each line.** ▶ **Keep a copy for your records.**

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Elaine E Employer

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)
5416 E BASELINE RD STE 200

5a Street address (if different) (Don't enter a P.O. box.)
34 E Employer Lane

4b City, state, and ZIP code (if foreign, see instructions)
MESA, AZ 85206-4704

5b City, state, and ZIP code (if foreign, see instructions)
City, State 12345

6 County and state where principal business is located
County, State

7a Name of responsible party
Elaine E Employer

7b SSN, ITIN, or EIN
123-45-6789

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) ▶ **HCSR EMPLOYER**
- ☐ 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) ▶ **HCSR EMPLOYER**
- ☐ 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.

Agricultural	Household	Other
	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 generally will be $1,000 or less if you expect to pay $5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. ☐

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
- ☐ Accommodation & food service
- ☐ Wholesale-agent/broker
- ☐ Wholesale-other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☑ Other (specify) ▶ **HCSR EMPLOYER**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR EMPLOYER

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: **JARED ENDERS, SUNNY HUDSON**

Designee's telephone number (include area code): **(623) 792-6100**

Address and ZIP code: **5416 E BASELINE RD STE 200, MESA, AZ 85206-4704**

Designee's fax number (include area code): **(480) 371-2241**

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): 555-444-3333

Name and title (type or print clearly): Elaine E Employer — **HCSR EMPLOYER**

Signature ▶ Elaine E. Employer

Date ▶ 04/12/2023

Applicant's fax number (include area code)

SAMPLE

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES

P.O. BOX 182404
Columbus, Ohio 43218-2404
(614) 466-2319
http://unemployment.ohio.gov

FOR 0006

EMPLOYER'S REPRESENTATIVE AUTHORIZATION

To immediately authorize a representative (third party administrator, accountant, payroll company, etc) to act on your behalf or to receive correspondence regarding your account immediately, please visit our website at http://unemployment.ohio.gov anytime of the day or night. If you prefer, you may submit your information by completing this form and your account will be updated within 2-3 weeks. When completing this form, please print using block capital letters in black ink. For example: A B C D E F G H

Section I - Employer and Representative Information

NOTE: To notify ODJFS that you have given power of attorney to another individual, please complete a Power of Attorney form (JFS 20107).

Employer Name

Employer, print your name here.

Employer's Name

Employer Account Number

Plant Number (If none, please leave blank)

Employer Phone Number

Employer, write your phone number here.

123-456-7890

SAMPLE

Representative or Third Party Administrator Name

ACUMEN FISCAL AGENT LLC

Representative or Third Party Administrator Number

600000058 20

Representative or Third Party Administrator Phone Number

866-862-6862

Representative Address Line 1 - Enter street address or PO Box information here (ie, 123 Main St, PO BOX 123, etc.).

5416 E BASELINE RD

Representative Address Line 2 - Enter secondary address information here (ie, STE 123, APT A, 1st FL, etc.). If none, please leave blank.

STE 200

City

MESA

State

AZ

ZIP

85206-

Country

United States

Province - International addresses only

Postal Delivery Code – International addresses only

Section II - Authorization for Representation or Dissolution of Representation

☒ I hereby authorize the Ohio Department of Job and Family Services to allow the above named representative to act on my behalf for all matters pertaining to the service function(s) identified in Section III.

NOTE: If correspondence should be sent on a regular basis to the Representative, please choose representative for question #1.b in Section III.

☐ I am hereby notifying the Ohio Department of Job and Family Services that I wish to dissolve my relationship with the above named representative. The Ohio Department of Job and Family Services should no longer allow the above named representative to act on my behalf for matters pertaining to the service function(s) identified in Section III or send them any information pertaining to my account.

Section III - Service Function and Correspondence

1.a To what service function(s) does the authorization or dissolution selected in Section II apply? (Please check all that apply)

1.b For the service function(s) selected in question #1 a, where should the correspondence be sent on a regular basis? (Choose only one per service function)

☒	Tax Manage Account Demographics	☐ Employer	☒ Representative or Third Party Administrator
☒	Tax Manage Account Status	☐ Employer	☒ Representative or Third Party Administrator
☒	Tax Reporting and Payments	☐ Employer	☒ Representative or Third Party Administrator
☒	Tax Monetary Transactions	☐ Employer	☒ Representative or Third Party Administrator
☒	Tax Appeals and Waivers	☐ Employer	☒ Representative or Third Party Administrator
☒	Tax Audits	☐ Employer	☒ Representative or Third Party Administrator

SAMPLE

Section IV - Signature

I hereby acknowledge that by signing this document that I relieve the Ohio Department of Job and Family Services from any liability arising from the exercise of rights and causes of action on account of or growing out of failure of the undersigned to receive any correspondence sent to the representative as indicated in Section III, including but not limited to:

1. Notification required by Section 4141.26
2. Injury caused by untimely appeal

This authorization, voluntarily given by the undersigned, shall remain in full force and effect until such time as the agency is notified in writing by the undersigned or by the designated representative that the relationship has been dissolved.

Employer Signature
NOTE Must be owner, partner, member or corporate officer

Employer, sign your name here.

Veteran or Employer's Signature

Title: EMPLOYER

Date: 10 / 13 / 2023

Employer, date here.

Ohio | Department of Taxation

WT 8655
Prescribed 7/12

Withholding Tax Payroll Service Company Authorization and Release

Reporting agent agrees to provide authorization to the Ohio Department of Taxation within 24 hours of request.

1. Taxpayer Information. Taxpayer must sign and date this form on line 6.	
Taxpayer name Employer Name	Employer identification number (EIN)
Address 1234 N Address Way	Social Security number 123-45-6789
City, state and ZIP code Columbus, OH 43525	Daytime telephone number 123-567-8911

2. Reporting Agent Information	
Name Acumen Fiscal Agent, LLC.	Employer identification number (EIN)
Address 5416 E Baseline Rd., Suite 200	Telephone number 623-792-6100
City, state and ZIP code Mesa, AZ 85206	Fax number 480-371-2241

3. State Authorization

The taxpayer hereby grants the reporting agent with limited power of attorney with the authority to sign and file employment tax returns and make deposits electronically, on magnetic media or on paper with the Ohio Department of Taxation. The reporting agent is also hereby authorized to receive notices, correspondence and transcripts from the Ohio Department of Taxation, resolve matters pertaining to these deposits and filings, and to request and receive deposit frequency data and any other information related to the taxpayer's state individual income and school district income tax withholding returns and deposits.

SAMPLE

This authorization shall include all Ohio Department of Taxation state individual income and school district income tax withholding forms and shall commence with the tax period of ____/____ and shall remain in effect through all subsequent periods until either revoked by the taxpayer or terminated by the reporting agent. Unless the taxpayer is required to file or deposit electronically, the reporting agent will, at its discretion, file and make deposits on the taxpayer's behalf either electronically, on magnetic media or on paper.

4. Retention/Revocation of Authorization

This authorization automatically revokes all earlier authorizations on file with the Ohio Department of Taxation for the same years or periods covered by this document. If you do not want to revoke a prior authorization, check this box: ☐

You MUST attach a copy of any tax information authorization that you want to remain in effect.

5. Acknowledgement of Responsiblity

I understand that this agreement does not relieve me, as the taxpayer, of the responsibility to ensure that all tax returns are filed and that all deposits and payments are made.

6. Signature of or for Taxpayer

I hereby certify that the Ohio Department of Taxation is authorized to release any and all Ohio withholding tax information in accordance with section 3 above that is in the possession of the department concerning the undersigned taxpayer to the reporting agent specified by this authorization and release. Further, I hereby relieve the Ohio tax commissioner, the Ohio Department of Taxation or any agent or employee thereof from any liability whatsoever for releasing such information.

I certify under penalties of perjury that I am the taxpayer identified below or have the authority to execute this withholding tax information authorization and release on behalf of the taxpayer.

If this withholding tax information authorization and release is not signed, it will be returned.

Employer's Name	*Employer's Signature*
Print name	Signature
Domestic Employer	10/06/2023
Title	Date

Vendor and Reimbursement Payment Request

Complete and submit this form to Acumen by fax, e-mail, or mail:

Fax Number: **1- 866-862-6862**
E-mail Address: **payroll-oh@acumen2.net**
Mailing Address: **Acumen Fiscal Agent 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206**

Veteran's Information

Name of Veteran: John Smith

ID#: 1234

Vendor or Reimbursement

Is this a request for Reimbursement to a Veteran (check one box) ☒ **Yes** ☐ **No**

Payee Information

Make Payment To/Payee Name: John Smith

Mail Check/Paystub To: Either put Veterans address or if blank will go to address on file for Veteran

Payee Phone number: (713) - 867-5309

Service Payment Information

SAMPLE

Date of service (DD/MM/YYYY)	Service Code	Description of Services Rendered	Total Amount
9/1/13	BKG	Karen Hill BKG for 4/6/13	$ 32.00

The date used here should always reflect the date of the BKG or payment date

The date of service should reflect the date wished to be used when processing reimbursement. In this example it's August. The funds used will come from the August BKG spending account.

Total Check Amount $ $ 32.00

REMINDER: Please attach a copy of the voided receipt, invoice, or other documentation confirming the amount/s of purchase.

By signing this form, I attest that services were delivered and received consistent with the budget. If this is the first payment to this vendor, please make sure a W-9 form has been completed by the vendor and submitted to Acumen.

Your signature
Care Manager's Signature

Date of Signature
Date

Vendor and Reimbursement Payment Request

Complete and submit this form to Acumen by fax, e-mail, or mail:

Fax Number: 1- 866-862-6862
E-mail Address: payroll-oh@acumen2.net
Mailing Address: Acumen Fiscal Agent 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206

Veteran's Information

Name of Veteran: John Smith

ID#: 1234

Vendor or Reimbursement

Is this a request for Reimbursement to a Veteran (check one box) ☐ Yes ☒ No

Payee Information

Make Payment To/Payee Name: LOWE'S Home Center

Mail Check/Paystub To: John Smith
9876 S. Dawson's Creek
Chilicothe, OH. 45601

OR

LOWE'S Home Center
Company's Address

Payee Phone number: (713) - 867-5309

Service Payment Information

SAMPLE

Date of service (DD/MM/YYYY)	Service Code	Description of Services Rendered	Total Amount
9/1/13	RDF	LOWE'S -Purchasing supplies	$ 54.86
9/4/13	RDF	LOWE'S - Purchasing supplies	$ 29.51
9/4/13	RDF	LOWE'S- Purchasing new drill set	$ 104.72

Simple description

The date of service should reflect the invoice or receipt. The date of service in this example being August, the funds used will also come from the August spending account.

Total Check Amount $ $ 189.09

REMINDER: Please attach a copy of the voided receipt, invoice, or other documentation confirming the amount/s of purchase.

By signing this form, I attest that services were delivered and received consistent with the budget. If this is the first payment to this vendor, please make sure a W-9 form has been completed by the vendor and submitted to Acumen.

Your signature
Care Manager's Signature

Date of Signature
Date

Employee Reimbursement Payment Request

Complete and submit this form to Acumen by fax, e-mail, or mail:

Fax Number: **1- 866-862-6862**
E-mail Address: **payroll-oh@acumen2.net**
Mailing Address: **Acumen Fiscal Agent 4542 E. Inverness Avenue, Suite 210, Mesa, AZ 85206**

Veteran's Information

Name of Veteran: John Smith **ID#:** 1234

Reimbursement

Name of Employee: Karen Hill **ID#:** 678912

Payee Information

Make Payment To/Employee Name: Karen Smith

Mail Check/Paystub To: 4561 Yellow Brick RD.
Chilicothe, OH. 45601

Employee Phone number: 740 - 123 - 4567

Service Payment Information

Date of service (DD/MM/YYYY)	Service Code	Description of Services Rendered	Total Amount
9/1/13	BKG	Background Check on 5/24/13	$35.00

SAMPLE

The date used here should always reflect the date of the BKG or payment date

The date of service is the date Acumen enters in order to reimburse employees. Please make sure your date of service used falls within the allotted BKG spending plan for this particular employee.

Total Check Amount $ $35.00

REMINDER: Please attach a copy of the voided receipt, invoice, or other documentation confirming the amount/s of purchase.

By signing this form, I attest that services were delivered and received consistent with the budget.

Your Signature
Care Manager's Signature

Date of signature
Date

Employee's Signature
Employee's Signature

Date of signature
Date

3570227062

Ohio AAA7 Veteran Program Time Sheet (OH VETS)

D O E J A N E

EMPLOYEE NAME (LAST NAME, FIRST NAME)

9 9 9 9 9 9

EMPLOYEE ID

D O E J O H N

VETERAN NAME (LAST NAME, FIRST NAME)

9 9 9 9

VETERAN ID

By signing this form, I attest that services were delivered and received consistent with the Spending Plan and I have rendered and/or approved this payment request in accordance with the Program regulations. I understand that payment and satisfaction of this claim may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws for any false claims, statements, or documents, or concealment of a material fact. Any misuse of funds may result in being fined or penalized, including but not limited to the repayment of claim. Collection costs or legal fees will be my responsibility.

Jane Doe 9-6-14

Employee Signature Date

John Doe 9-6-14

Employer Signature Date

SAMPLE

SERVICE DATE MM/DD/YYYY	CHECK IN TIME	CHECK OUT TIME	SERVICE
09/05/2014	08:00 ● AM ○ PM	01:00 ○ AM ● PM	PCS
09/06/2014	11:30 ● AM ○ PM	02:15 ○ AM ● PM	RDF
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
	: ○ AM ○ PM	: ○ AM ○ PM	
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	: ○ AM ○ PM	: ○ AM ○ PM	

Return toll-free by faxing WITHOUT COVERSHEET to (866) 862-6862 or mailing to Acumen at: 4542 E. Inverness Ave., Suite 210, Mesa, AZ 85206

07/09/14