



Acumen Authorization Form

Complete this form and either email it to enrollment@acumen2.net, or fax it to (844) 343-2590, or mail it to our address listed below. Please call (866) 235-4745 if you have any questions.

I hereby authorize Acumen Fiscal Agent, LLC (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 information to Acumen once obtained. **Note: If you currently have or have had an EIN, please provide this number on Forms 2678 and 8821.**
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, Oregon 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 Oregon'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 Oregon Bureau of Labor and Industries and the Oregon Department of Revenue.

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 Acumen Fiscal Agent to act as your agent for the Oregon Bureau of Labor and Industries and the Oregon Department of Revenue in the fulfilling of domestic employer responsibilities relative to the employing of persons through services funded by the State of Oregon.

Participant/Employer

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

Name:	
Social Security Number:	
Date of Birth:	
Street Address:	
City/State/Zip:	
Mailing Address (if different):	
City/State/Zip (if different):	
County of Residence:	
Phone Number:	
E-mail Address:	

Representative

The individual authorized to assist the Participant in employer responsibilities.

Name:	
Street Address:	
City/State/Zip:	
Phone Number:	
E-mail Address:	

Case Manager

Name:	
E-mail Address:	
Phone Number:	

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

Signature:	
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Date:	
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Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206