



South Carolina Veteran Directed Care Program

EMPLOYER ENROLLMENT PACKET



NOTE:

Signature Fields
marked with an asterisk
require a



non-electronic
handwritten wet
signature

Employer Information

Employer First Name:	
Employer Middle Name:	
Employer Last Name:	
Employer Full Name:	
Employer Date of Birth:	
Employer Social Security Number:	
Employer FEIN: (00-0000000) <i>"Only if you have an existing FEIN for Domestic Employer for Home Community-Based/Caregiver Services."</i>	
Employer Email:	
Employer Primary Phone:	
Employer Physical Address:	
Employer Physical Address Apt/Unit:	
Employer Physical Address City:	
Employer Physical Address State: (abbreviation)	
Employer Physical Address Zip:	
Employer Physical Address County:	
	*Enter Mailing Address if different from Physical Address
Employer Mailing Address:	
Employer Mailing Address Apt/Unit:	
Employer Mailing Address City:	
Employer Mailing Address State: (abbreviation)	
Employer Mailing Address Zip:	

Veteran Information

Veteran First Name:	
Veteran Middle Name:	
Veteran Last Name:	
Veteran Full Name:	
Veteran Date of Birth:	
Veteran Social Security Number:	
Veteran Email:	
Veteran Primary Phone:	
Veteran Physical Address:	
Veteran Physical Address Apt/Unit:	
Veteran Physical Address City:	
Veteran Physical Address State: <i>(abbreviation)</i>	
Veteran Physical Address Zip:	
	*Enter Mailing Address if different from Physical Address
Veteran Mailing Address:	
Veteran Mailing Address Apt/Unit:	
Veteran Mailing Address City:	
Veteran Mailing Address State: <i>(abbreviation)</i>	
Veteran Mailing Address Zip:	

Case Manager Information

Case Manager Name:	
Case Manager Email:	
Case Manager Phone:	



Employer Packet

(keep this folder for your records)

Congratulations on self-directing your supports! 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 - Enrollment

Inside this packet you will find the necessary forms and instructions that authorize Acumen to act on your behalf as your Fiscal Employer Agent. This appointment is only in regard to this program. This folder cover provides you with reference information to assist you in being an employer.

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 the packet. Please check and note the date you emailed, mailed or faxed to Acumen. If you currently have or have had an Employer Identification Number (EIN), please let Acumen know, as we will need you to contact the IRS to complete the Existing EIN Process.

- | | |
|---|-----------------|
| <input type="checkbox"/> Acumen Authorization Form | Date Sent _____ |
| <input type="checkbox"/> Employer Appointment of Agent – IRS Form 2678 | Date Sent _____ |
| <input type="checkbox"/> Application for Employer Identification Number – IRS Form SS-4 | Date Sent _____ |
| <input type="checkbox"/> SC DEW Form UCE-1010 State of South Carolina Authorization | Date Sent _____ |
| <input type="checkbox"/> Employer's Previous Business Information | Date Sent _____ |
| <input type="checkbox"/> Employer Agreement Form | Date Sent _____ |

Reminder:

- Having Acumen as your Fiscal Employer Agent does not affect your employer-employee relationship.
- Acumen is not the employer.

Email, Fax or Mail Information to Acumen **PLEASE INCLUDE SC VDC in SUBJECT LINE**

**Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Fax: (866)-499-3074
enrollment-sc@acumen2.net**

Employer/Participant – Information and Responsibilities

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.
 - To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com/resources.
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 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.
- State Specific IRS Department website provided on the State/Program Supplemental Information Sheet
- State Specific Department of Labor website provided on the State/Program Supplemental Information Sheet

Remember, only services that are approved in the development of your budget/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

Workers' Compensation

This program requires that the employer have Workers' Compensation. Upon enrollment, your employees are automatically covered by Workers' Compensation insurance. 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.

You will find a Workers' Compensation poster in this packet. It is suggested that this poster be displayed in a prominent place to inform your employees of their rights and the resources available to them.

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.

Confidentiality

If you mail forms to Acumen always make a copy first and if you fax forms to Acumen retain the original in your files. Remember that these forms contain sensitive and confidential information about you and your employees and they need to be kept in a safe place. Employees must not disclose or knowingly permit the disclosure of any information concerning the participant, employer, authorized representative or his/her family to any unauthorized person.

Reports

Acumen will provide you with reports each month. It is important to read these reports and to call us with any questions that you may have. The reports summarize your employee's time, any vendor payments, your beginning benefits, your declining balance, so you are aware of the remaining amount after each payment. These reports are available to you in your Direct Care Innovations (DCI) time entry system at any time and can be emailed to you for your convenience if we have your email address on file or can be mailed. You will have to let Acumen know if you want a hard copy of your account statement mailed.

Good to Go Process

Acumen will not be able to pay your employee with program funds until we have received and processed all the required paperwork. This includes:

- Entering enrollment information into our system when a document is submitted correctly and completely
- Notifying the employer of corrections needed in order to proceed with the enrollment process

Once enrolled successfully in the program, Acumen will notify the employer that a "Good to Go" packet will be mailed or emailed. The start date and applicable consumer and employee ID numbers will be given at that time.

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Authorization Form

Complete each item and email enrollment@acumen2.net fax (866) 499-3074 or mail 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 to Acumen. Please call (866) 644-3926 for English or (800) 611-4936 for Spanish 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 you, as the Veteran-Employer/Authorized Representative-Employer, for employer-related tax reporting purposes, by signing IRS Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Employer 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, South Carolina 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 South Carolina's Unemployment Insurance Program 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 South Carolina Franchise Tax Board (FTB) and/or the South Carolina Employment Development Department.

What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your employer 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 South Carolina Franchise Tax Board and the South Carolina Employment Development Department in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the State of South Carolina.

Employer (Responsible for managing staff)

Name:
Social Security Number:
Date of Birth:
Physical Address:
City/State/Zip:
Mailing Address:
City/State/Zip:
Phone Number:
E-mail Address:

Veteran (The person receiving services)

Name:
Social Security Number:
Date of Birth:
Physical Address:
City/State/Zip:

Case Manager

Name:
E-mail Address:
Phone Number:

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

Veteran or Employer Signature

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.

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.

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

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 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
	8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN)			
<input type="checkbox"/> Corporation (enter form number to be filed) <input type="checkbox"/> Trust (TIN of grantor)			
<input type="checkbox"/> Personal service corporation <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government			
<input type="checkbox"/> Other nonprofit organization (specify) <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
<input checked="" type="checkbox"/> Other (specify) HCSR EMPLOYER 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)			
<input type="checkbox"/> Started new business (specify type)			
<input type="checkbox"/> Banking purpose (specify purpose)			
<input type="checkbox"/> Changed type of organization (specify new type)			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Hired employees (Check the box and see line 13.)			
<input type="checkbox"/> Created a trust (specify type)			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Created a pension plan (specify type)			
<input checked="" type="checkbox"/> Other (specify) HCSR EMPLOYER			
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).		14 Reserved for future use	
Agricultural		Household	
		0	
Other			
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.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker			
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
<input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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.		Applicant's telephone number (include area code)
Employer Sign Here	Name and title (type or print clearly) HCSR EMPLOYER		Applicant's fax number (include area code)
Signature		Date	

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.

1350

dor.sc.gov



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**POWER OF ATTORNEY AND
DECLARATION OF REPRESENTATIVE**

SC2848
(Rev. 2/17/23)
3307

Part I: Power of Attorney

* indicates a required field. If **all** required fields are not completed, the power of attorney will be considered invalid.

1 Taxpayer information - Taxpayer must sign and date this form on page 2, line 7.

* Taxpayer name and address	* SSN	* FEIN
	Spouse's SSN (if filing jointly)	Plan number (if applicable)
	Daytime phone number	Email address

hereby appoints the following representatives as attorneys-in-fact:

2 Representative information - Representatives must sign and date this form on page 2, Part II.

* Name and address	*Phone _____ Fax _____ Email _____ Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Name and address	Phone _____ Fax _____ Email _____ Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email
Name and address	Phone _____ Fax _____ Email _____ Check if new: <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> Fax <input type="checkbox"/> Email

to represent the taxpayer before the SCDOR for the following tax matters:

3 Tax matters (See instructions. Include **specific** types, forms, and years or periods. General references are **not** acceptable.)

* Type of tax or license (Individual, Corporate, Withholding, Sales, ABL, etc.)	* Tax form number (SC1040, WH1605, ST-3, etc.)	* Years or Periods

4 Acts authorized: A representative is an individual authorized to receive and inspect confidential tax information and to perform any and all acts on behalf of the taxpayer with respect to the tax matters described on line 3. This includes the authority to sign any agreements, consents, or other documents. You may **not** use this Power of Attorney form to authorize a representative to endorse or cash refund checks. You may authorize a representative to sign a return **only** as set forth in SC Code Section 12-2-75.

List any specific additions to or deletions from the acts otherwise authorized in this power of attorney: _____

33071036



- 5 **Receipt of refund checks:** If you want to authorize a representative named on line 2 to receive refund checks, **but not to endorse or cash** them, initial here _____ and list the name of that representative below.

Name of representative to receive refund checks _____

- 6 **Retention/revocation of prior powers of attorney:** Filing this power of attorney automatically revokes all earlier powers of attorney on file with the SCDOR for the **same** tax matters for years or periods covered by this document.

Check this box if you do not want to revoke a prior power of attorney ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

- 7 **Taxpayer signature:** If the tax matter concerns a joint return and you are requesting joint representation, **both** taxpayers must sign. If signed by a corporate officer, partner, guardian, tax matters partner, LLC member, executor, receiver, personal representative, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

The SCDOR will not accept an unsigned power of attorney.

* _____ Signature	* _____ Date	_____ Title (if applicable)
* _____ Print name		
_____ Signature	_____ Date	_____ Title (if applicable)
_____ Print name		

All notices and communications will be sent to the taxpayer, not your representative. You can also review notices and communications on MyDORWAY. Contact our office for assistance if you are unable to forward a copy of any notices to your representative.

Part II: Declaration of Representative

***** indicates a required field. If **all** required fields are not completed, the declaration of representative will be considered invalid.

I declare that:

- I am authorized to represent the taxpayers identified in Part I for the tax matters specified; and
- I am one of the following:
 - a. Attorney: a member in good standing of the bar of the highest court of the jurisdiction shown below
 - b. Certified Public Accountant: duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - c. Enrolled Agent: enrolled as an agent under the requirements of the US Treasury Department Circular 230
 - d. Officer: a bona fide officer of the taxpayer organization
 - e. Full-Time Employee: a full-time employee of the taxpayer
 - f. Family Member: a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister)
 - g. Return Preparer
 - h. Other (provide explanation): _____

The SCDOR will not accept an unsigned declaration of representative.

I declare that this return and all attachments are true, correct, and complete to the best of my knowledge and belief.

* Designation (enter letter a-h from above)	* Jurisdiction (state)	* Signature	* Date

INSTRUCTIONS

General purpose

Use the SC2848 to grant authority to an individual to represent you before the South Carolina Department of Revenue (SCDOR) and to receive tax information.

Do not use the SC2848 for a fiduciary, such as a trustee, executor, administrator, receiver, or guardian. A fiduciary stands in the position of the taxpayer and acts as the taxpayer, **not** as a representative. If a fiduciary wishes to authorize an individual to represent or perform certain acts on behalf of the entity, a power of attorney must be filed and signed by the fiduciary acting in the position of the taxpayer.

Authority granted

This power of attorney authorizes the individuals named to perform any and all acts you can perform, such as:

- signing consents
- extending the time to assess tax
- recording the interview
- executing waivers agreeing to a tax adjustment

Authorizing someone as your power of attorney **does not** relieve you of your tax obligations. Delegating authority or substituting another representative must be specifically stated on line 4. The authority granted to a power of attorney may not exceed that allowed under SC Code Section 12-60-90. For more information, see SC Revenue Procedure #11-1, available at dor.sc.gov/policy. The power to sign tax returns can only be granted in the limited situations found in SC Code Section 12-2-75.

Filing the Power of Attorney

You can mail a paper copy of the completed SC2848 to PO Box 125, Columbia, SC 29214-0400. If you have a tax matter pending (such as an audit) you can mail, email, or fax the SC2848 to the SCDOR division that is handling the tax matter. Find contact information on any notices you have received related to the pending tax matter or at dor.sc.gov/contact.

Substitute SC2848

The SCDOR will accept the federal 2848 for South Carolina purposes. Be sure to note any differences in the forms. Complete the form to be South Carolina specific, including references to South Carolina tax forms.

Line instructions

When completing the SC2848, all lines marked with an ***** are **required**. If you do not complete all the required lines, the SCDOR will consider your SC2848 **invalid** and the representatives included will **not** have authority to represent you before the SCDOR or receive tax information on your behalf.

Part I: Power of Attorney

Line 1: Taxpayer information

Individuals: Enter your name, SSN, and address. Enter your FEIN if you are filing for a business account. If you are married filing jointly, and you and your spouse are designating the same representatives, enter your spouse's name, SSN, and address (if different from yours).

Corporations, partnerships, or LLCs: Enter the name, FEIN, and business address. If this form is being prepared for corporations filing a consolidated tax return (SC1120), do not attach a list of subsidiaries to this form. Only the parent corporation information is required on line 1. On line 3, only list SC1120 as the tax form number. A subsidiary must file its own SC2848 for returns that are filed separately from the consolidated return, such as the ST-3.

Trust: Enter the name, title, and address of the trustee, and the name and FEIN of the trust.

Estate: Enter the name, title, and address of the decedent's executor or personal representative, the name of the estate, the decedent's SSN, and the estate's FEIN, if applicable.

Line 2: Representative information

Enter the names of your representatives for which you are granting power of attorney. Only **individuals** may be named as representatives. Representatives should use the same name on all submissions to the SCDOR. If you want to name more than three representatives, enter **see attached list** in the representative name box and attach a list of representatives. **You must sign and date all attachments.**

Line 3: Tax matters

Enter the type of tax or license, the tax form number, and the years or periods. For example, you may list **Income Tax; SC1040; for calendar year 2019** and **Sales Tax; ST-3; for 1st, 2nd, 3rd, and 4th quarters of 2019**. A power of attorney with a general reference to **All years, All periods, or All taxes** will not be accepted as valid.

You may list the current year or period and any tax years or periods that have already ended as of the date you sign the power of attorney. However, you may include on a power of attorney only future tax periods that end no later than three years after the power of attorney is received by the SCDOR. The three future periods are determined starting after December 31 of the year the power of attorney is received by the SCDOR.

Line 4: Acts authorized

To modify the acts that your named representatives can perform, describe any specific additions or deletions in the space provided. If you wish to provide the authority to substitute another representative or to delegate authority, this must be specifically stated.

If the representative you name is someone other than an attorney, CPA, or enrolled agent, the acts that person can perform on your behalf may be limited by SC Code Section 12-60-90. For more information, see SC Revenue Procedure #11-1, available at dor.sc.gov/policy.

Line 5: Receipt of refund checks

To authorize your representative to receive refund checks on your behalf, **but not endorse them**, initial and enter the name of that person in the space provided. Treasury Department Circular 230 (31 CFR, Part 10) prohibits an attorney, CPA, or enrolled agent, any of whom is an Income Tax return preparer, from endorsing or otherwise negotiating a tax refund check. If you are in a licensed attorney/client relationship, your refund may be sent to your licensed attorney.

Line 6: Retention/revocation of prior powers of attorney

Submitting a power of attorney will automatically revoke any prior powers of attorney the SCDOR has received for the same tax matters. If you do not want to revoke an existing power of attorney, check the box and attach a copy of any powers of attorney you want to remain in effect.

To revoke an existing power of attorney without naming a new representative, send a copy of the previously executed power of attorney to the SCDOR with **REVOKE** written on the top of the form. The copy of the power of attorney must have a current taxpayer signature and date on line 7. If you do not have a copy of the power of attorney you want to revoke, send a statement of revocation to the SCDOR.

The statement must:

- indicate the authority of the power of attorney is revoked
- list the name and address of each representative whose authority is revoked
- be signed by the taxpayer

A representative can withdraw from representation by filing a statement with the SCDOR. The statement must be signed by the representative and must identify the name and address of the taxpayers and all tax matters from which the representative is withdrawing.

Line 7: Taxpayer signature

Individuals: Sign and date the power of attorney. If a joint return has been filed and both taxpayers will be represented by the same representatives, both spouses must sign the power of attorney, unless one spouse authorizes the other, in writing, to sign for both. In that case, attach a copy of the authorization. If a joint return has been filed and both taxpayers will be represented by different representatives, each taxpayer must execute their own power of attorney on separate SC2848 forms.

Corporations or associations: Only an officer having authority to bind the taxpayer may sign the SC2848.

Partnerships: All partners of a partnership or members of an LLC must sign unless one partner or member is authorized to act in the name of the partnership or LLC. A partner is authorized to act in the name of the partnership if, under state law, the partner has authority to bind the partnership. You must attach a copy of the authorization. For purposes of executing the SC2848, the tax matters partner is authorized to act in the name of the partnership. For dissolved partnerships, see US Treasury Regulations section 601.503(c)(6).

Other: If the taxpayer is a dissolved corporation, deceased, insolvent, or a person for whom or by whom a fiduciary (a trustee, guarantor, receiver, executor, or administrator) has been appointed, see US Treasury Regulations section 601.503(d).

Part II: Declaration of representative

The representatives you name must sign and date this declaration and enter the designation (a-h) under which they are authorized to practice before the SCDOR. The representatives must list one of the following in the **Jurisdiction** column:

- a. Attorney: the two-letter abbreviation for the state in which admitted to practice
- b. Certified Public Accountant: the two-letter abbreviation for the state in which licensed to practice
- c. Enrolled Agent: the enrollment card number issued by the Director of Practice
- d. Officer: the title of the officer
- e. Full-Time Employee: the employee's title or position
- f. Family Member: the relationship to taxpayer
- g. Tax Return Preparer: the two-letter abbreviation for the state in which the return was prepared
- h. Other: professional title or relationship to taxpayer

Note: If the representation is outside the United States, state jurisdiction codes do not apply.

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

WRITTEN AUTHORIZATION

Please read the instructions following this form before completing. By completing this form, you are authorizing the South Carolina Department of Employment and Workforce (DEW) to disclose/discuss Unemployment Insurance (UI) related matters to your chosen agent. This form is only to be used to designate an agent. If you are attempting to add or remove authorized contact persons, **do not complete this form**. Please refer to the attached instructions for more information.

PART 1: EMPLOYER INFORMATION

Name and Address: (if individual)	If a business entity, enter DBA, trade or assumed name:		
	FEIN:	DEW Account #:	
	Telephone Number (required):	Extension:	Fax Number:
	Email Address:		

PART 2: AGENT INFORMATION AND AUTHORIZATION DATES

Your authorized agent may be an organization, firm, or individual. If your agent is not an individual, designate a contact person. Please ensure that you submit a separate form for each agent. *(NOTE: Only one agent can occupy each role during any given time period.)*

Agent Name and Address	Contact Name (if applicable):		
	Agent FEIN (if any):	SUITS Agent Account #:	
	Telephone Number (required):	Extension:	Fax Number:
	Email Address:		
	Beginning Effective Date (required)*:	Ending Effective Date – (Optional)**:	

PART 3: TYPE OF AUTHORIZATION

☐ GENERAL AUTHORIZATION

Authorizes my agent to: (1) submit wage reports, (2) submit payments and enter into payment agreements, (3) perform account maintenance updates, (4) submit and receive information related to UI benefits. This authorization applies to all tax and benefit related matters.

☐ LIMITED AUTHORIZATION

Select the type of authorization by checking the appropriate boxes to the right of each item listed below. You may check up to 3 boxes.

If 4 boxes apply, please complete the 'General Authorization' above.

1. Wage Submission (Original and Amended) ☐
2. Payment Submission and Payment Agreements..... ☐
3. Account Maintenance Updates..... ☐
4. Benefits (UI Benefit related matters)..... ☐

IMPORTANT: Completing this form will not change an employer's address of record. Address changes must be made through SUITS.

PART 4: AUTHORIZATION AND RELEASE FOR DISCLOSURE OF UI TAX AND/OR UI BENEFIT INFORMATION/RECORDS

I understand that any information or records obtained by DEW in the administration of the Unemployment Insurance program is generally private and confidential pursuant to S.C. Code Ann. § 41-29-160 and 20 CFR Part 603, and may only be released for the purpose specified in this Written Authorization in accordance with state and federal law. By signing this Written Authorization, I am authorizing DEW to release the information specified to the authorized agent. I understand state government files will be accessed to obtain the information disclosed to the authorized agent. I further understand that I am authorizing the appointed agent to act on behalf of the business to the fullest extent to which I could act if I were personally present in connection with the transactions authorized in Part 3 of this Written Authorization. I further declare the information submitted has been examined by me and I specifically authorize agent(s) to transact the above specified UI business with DEW.

Name (Print) _____ Title _____
Signature _____ Date _____ Phone No. _____

In order for this application to be processed, the signatory must be on file with DEW as a business owner, officer, partner or agent duly authorized to act on behalf of this employer.

* If you are authorizing agent to submit wage reports, please note that DEW will make the effective date of that authorization retroactive to the beginning of the quarter in which the date you provide falls.

** If no "Ending Effective Date" is provided, the above-named agent will be authorized to represent you until you notify ETS in writing that you wish to change your agent.

Instructions for Written Authorization Form (Form UCE-1010)

Complete and file a *Written Authorization* (Form UCE-1010) if you wish to appoint or replace an individual, firm or organization as your agent in unemployment insurance (UI) tax matters before the South Carolina Department of Employment and Workforce (DEW). If you are the employer, this form is **not** to be used to add or remove an individual contact person or additional user to your Self-Service Portal in [SUITS](#). This form is **only** to designate your agent who will have access to designated account information through that agent's Self-Service Portal in SUITS.

Unless otherwise specified, this Written Authorization replaces any previous applicable Written Authorization forms on file with DEW. **Without a completed form, DEW is prohibited from discussing or releasing your confidential employer information to an agent. You must submit a separate Written Authorization Form for each agent.** *Please note that only one agent can occupy a specified roll at any one time*

Part 1: Employer Information

If you are an individual, enter the name and address: if a business entity, enter DBA, trade or assumed name., UI account number, federal employer identification number (FEIN), telephone number, fax number, and email address. If you do not have a UI account number, please complete and submit [Form UCE-151, Employer Status Report](#) or register on line through [SUITS](#) at uitax.dew.sc.gov.

Part 2: Agent Information

Enter the agent name and address, contact name (if applicable), e-mail address, telephone number (required), extension, fax number, Agent FEIN (if any, SUITS Agent Account #, beginning effective date, and ending effective date (if applicable).

Part 3: Type of Authorization

Check the box(es) indicating the information you wish to authorize your agent to receive. If your agent will have full authority to act on your business's behalf with regard to UI tax matters, check only the first box in this section. If you wish to specify limited authority, please check one or more (up to 3) of the limited authorization boxes as they apply. **PLEASE NOTE:** Unless otherwise specified, this written authorization replaces any previous written authorization on file with DEW. Furthermore, **only one agent** can occupy a specified roll at any one time. If you specify a change, all roles that are checked will be handled by the agent designated on this form as of the effective date indicated. Any roles that are left unchecked will remain accessible only by the employer and/or the current designated agent on file.

Remove Current Agent

If you wish to remove your current agent on file but do not wish to assign a new agent, you must log in to your Employer Self-Service Portal through [SUITS](#).

Part 4: Certification and Signature

In order for this application to be processed, the signatory must be on file with DEW as a business owner, officer, partner or agent duly authorized to act on behalf of this employer and.

Submit this Form:

Online: The most efficient way to submit this form is through SUITS, the Department's new online system designed to streamline business processing. To submit this form using [SUITS](#), go to uitax.dew.sc.gov.

- **Employer Portal:** Select the "Agent Assignment" icon under the Account Maintenance screen.
- **Agent Portal:** Select the "Maintain POA" icon under the Account Maintenance screen.

Mail: SCDEW
Document Control Unit
PO Box 995
Columbia, SC 29202

Questions.

Questions regarding this correspondence should be directed to DEW's Employer Tax Services using your Self-Service portal in [SUITS](#), DEW's online UI tax system at uitax.dew.sc.gov.

For instructions on how to use [SUITS](#), please visit dew.sc.gov/suits.



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 _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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



South Carolina Veterans Directed Care Employer/ Acumen Agreement Form

This Agreement is between Acumen Fiscal Agent and the Employer as stated below.

General understanding and conditions of the South Carolina Veterans Directed Care Program

- Participation in the South Carolina Veterans Directed Care is a decision made after consultation with the Case Manager
- I have received from the Case Manager related information about the service delivery options and the rules and regulations regarding participation in the VDC option. I understand it is my responsibility as the Employer to abide by all the rules and regulations of this program.
- I understand that I am the Employer of Record for this program. The employer is not Acumen Fiscal Agent, nor is the South Carolina Trident VDC.
- I understand that as the Employer of Record I am responsible to comply with paying all of my employees in accordance with the Department of Labor Regulations including the Fair Labor Standards Act and the Final Rule effective December 1, 2016. Furthermore, I understand that this employer responsibility may extend beyond what the program funds may pay my employee and I accept full responsibility for all debts owed. This includes overtime and any hours that are above what is authorized in the Individual Spending Plan) and/or within program rules. (Federal link: https://www.dol.gov/whd/homecare/homcare_guide.pdf)
- I understand that Acumen is only authorized to represent me in processing payments as it relates to this VDC option. Acumen will only make payments on my behalf in accordance to the authorized amounts as outlined in the Spending Plan.
- I understand it is my responsibility to be aware of any remaining balances and schedule provider(s)/employee(s) and/or request program payments within those available units and funds.
- I understand that if I cause work to happen above and beyond what is authorized in the Spending Plan, I, as the employer, will be personally responsible for those expenses.
- I understand it is my responsibility as the employer to ensure all employees and goods and service providers meet the qualifications and receive required training as required in the VDC Program and in the Spending Plan prior to working or providing services. Acumen provides support and assistance with this.
- I understand Acumen will provide me with enrollment materials and guidance on the requirements to complete each form. It is ultimately my responsibility as the employer to ensure all forms that my employee(s) and/or I complete are correct within required guidelines.
- I will not allow provider(s)/employee(s) to begin performing work until Acumen has notified me that provider(s)/employee(s) are active in their system (Good to Go).
- I understand that if the program requires my employee (job applicant) to pass a background check I will ensure all investigation reports are kept confidential, will not be shared, and will be disposed of properly given that they include sensitive data (e.g., criminal history) and personally identifiable information (e.g., name, DOB, SSN).

- I understand that it is my responsibility to review and approve all request for payment prior to submitting them to Acumen to ensure accuracy and confirm they are authorized for processing. I understand that, on occasion, I may receive automated (general announcement) communicated from Acumen regarding important program and/or payroll information as it relates only and specifically to the SC VDC program.
- I understand that Acumen will provide a Workers' Compensation Claim Reporting Guidelines (included in the packet) for use if my employee is injured on the job. I understand that it is my responsibility to make this information available to my employees.
- I understand that I may face penalties and/or fines if I fail to make the Workers' Compensation Reporting Claims Guidelines available to my employees. I, as the employer, will be personally responsible for paying these penalties and/or fines.
- I understand it is my responsibility to notify the Case Manager immediately of any significant changes in circumstances that may affect the Veterans Spending Plan and/or safety.
- I understand it is my responsibility to notify Acumen immediately of any changes that effect eligibility for VDC services. I understand I may be responsible for payment of any work performed during the loss of eligibility.
- I understand all requests for payment must have an employer signature and date indicating approval, or must be submitted through Acumen's online time entry system which requires password-protected employer approval. I understand that Acumen will not process a payment request without proper employer approval.
- I understand it is my responsibility to ensure the correct service code is utilized when submitting a payment request or timesheet, and I will work with Acumen to help reconcile any billing discrepancies with my employees and goods and service provider(s). It is the employers' responsibility to ensure their own compliance with all South Carolina Department of Labor (DOL) laws.
- I attest that I will submit and/or approve all payment requests in accordance with the Program regulations. I understand that payment and satisfaction of my claims 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. Any collection costs or legal fees will be my responsibility to pay.
- I hereby authorize Acumen to electronically send me information (e.g. email) including but not limited to account statement reports. I understand that I have the ability to opt-out of electronic communication upon request, and can receive this through U.S. Mail service.
- I acknowledge information necessary and relevant in providing services for the Veteran may be released, discussed, or disclosed between authorized business associates (i.e. FMS, the SC VDC staff, service providers, as well as other government authorities.) I understand that my records are protected under Federal Regulations governing Confidentiality of Protected Health Information (PHI) under HIPAA

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Veteran: _____

Name of Employer: _____

Employer 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.



Show Me the Money

It costs you, the employer, more to employ someone than just their wages. By law, employers must pay a portion of an employee's Social Security and Medicare taxes, as well as Federal and State unemployment taxes. Workers' Compensation Insurance is part of your program and is also an employer-related cost. The amounts you pay for each of these is a percentage of your employee's wage, and are as follows:

Social Security	6.20%
Medicare	1.45%
Federal Unemployment	0.60%
State Unemployment	0.41%
Workers Compensation	4.45%

Total 13.11%

What this means is that for every \$1.00 you pay in wages, you must add approximately 14 cents to pay for taxes and Workers' Compensation. Acumen calls this the "Cost to Budget," and we calculate and pay these amounts from your budget allocation on your behalf.

Simply fill in the blanks below to determine the "Cost to Budget."

<div></div>	X	<div>1.1311</div>	=	<div></div>
Employee Wage		Taxes & Workers' Comp		Cost to Budget (always round <u>up</u>)

The tables below are provided so you can estimate your cost to employ someone. The examples show a variety of wage amounts. The "Cost to Budget" column shows the wage multiplied by 1.1480. You can pay your employee an amount other than ones listed – just multiply the amount you want to pay by **1.1480**, round up to the nearest penny, and you'll have the estimated Cost to Budget. Your Case manager will be involved in helping you set the pay rate and they will help you calculate your cost.

Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget
\$7.25	\$8.20	\$11.75	\$13.29	\$16.25	\$18.38	\$20.75	\$23.47
\$7.75	\$8.77	\$12.25	\$13.86	\$16.75	\$18.95	\$21.25	\$24.04
\$8.25	\$9.33	\$12.75	\$14.42	\$17.25	\$19.51	\$21.75	\$24.60
\$8.75	\$9.90	\$13.25	\$14.99	\$17.75	\$20.08	\$22.25	\$25.17
\$9.25	\$10.46	\$13.75	\$15.55	\$18.25	\$20.64	\$22.75	\$25.73
\$9.75	\$11.03	\$14.25	\$16.12	\$18.75	\$21.21	\$23.25	\$26.30
\$10.25	\$11.59	\$14.75	\$16.68	\$19.25	\$21.77	\$23.75	\$26.86
\$10.75	\$12.16	\$15.25	\$17.25	\$19.75	\$22.34	\$24.25	\$27.43
\$11.25	\$12.72	\$15.75	\$17.81	\$20.25	\$22.90	\$24.75	\$27.99
						\$25.25	\$28.56

CHANGE INFORMATION FORM: VETERAN or EMPLOYER



Please complete this form and return to Acumen by one of the following methods:

Mail: 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Fax: (866) 499-3074

Email: enrollment@acumen2.net

Change VETERAN Information

Complete this section when there is a change in veteran information. The veteran is the individual receiving services. If the veteran is also the employer, please complete this section **only**. For a name change, please provide the current and new name. For all other changes, only the new information is required.

Change In (select all that apply): Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name (if changed):
Street Address:	
City/State/Zip:	
Phone Number:	
E-mail Address:	
Veteran ID Number:	
Signature (Employer or Authorized Rep):	
Date:	

Change EMPLOYER Information

Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the veteran is also the employer, please complete the veteran section only. For a name change, provide the current and new name and please fax or mail a copy of a legal document for name change. For all other changes, only the new information is required.

Change In (select all that apply): Name <input type="checkbox"/> Address <input type="checkbox"/> Phone Number <input type="checkbox"/> E-mail Address <input type="checkbox"/>	
Current/Previous Name:	New Name (if changed):
Street Address (if changed):	
City/State/Zip (if changed):	
Phone Number (if changed):	
E-mail Address:	
Client ID Number:	
Signature (Employer or Authorized Rep):	
Date:	