



SAMPLE

Authorization Form

Complete each item and submit to Acumen via email: enrollment-ut@acumen2.net, fax: (888) 249-7023 or mail: P.O. Box 539, Orem, UT 84059. Please call (888) 221-7014 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, Utah 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 Utah'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 Utah State Tax Commission and/or Utah Department of Workforce 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 Utah State Tax Commission and Utah Department of Workforce Services in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the State of Utah.

Employer

Client

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

The individual receiving services.

Name:	Ima Employer
Social Security Number:	987-65-4321
Street Address:	555 E. Any Street
City/State/Zip:	SLC, Utah 84001
Mailing Address (if different):	P.O. Box 12345
City/State/Zip (if different):	SLC, Utah 84001
County of Residence:	Salt Lake County
Phone Number:	(801) 123-4567
E-mail Address:	employer@yahoo.com

Name:	John Client
Date of Birth:	01/01/1980
Physical Address:	555 E. Any Street
City/State/Zip:	SLC, Utah 84001

Support Coordinator

Name:	Sally Supports
E-mail Address:	sallys@email.com
Phone Number:	(385) 987-6543

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

Employer's Signature:	Ima Employer
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Date:	3-1-2022
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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)

□	□	-	□	□	□	□	□	□	□
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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
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EMPLOYER'S PHYSICAL CITY

STATE

ZIP CODE

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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945, Annual Return of Withheld Federal Income Tax	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1, Employer's Annual Railroad Retirement Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	<input type="checkbox"/>	<input type="checkbox"/>

* 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 **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.

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.	1 Legal name of entity (or individual) for whom the EIN is being requested EMPLOYER'S FIRST AND LAST NAME	
	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.) EMPLOYER'S PHYSICAL STREET ADDRESS
	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 PHYSICAL CITY, STATE AND ZIP CODE
	6 County and state where principal business is located EMPLOYER'S PHYSICAL COUNTY AND STATE	
	7a Name of responsible party EMPLOYER'S FIRST AND LAST NAME	7b SSN, ITIN, or EIN EMPLOYER'S SOCIAL SECURITY NUMBER

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 _____
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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"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) _____
<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business
<input checked="" type="checkbox"/> Other (specify) HCSR EMPLOYER	<input type="checkbox"/> Created a trust (specify type) _____
	<input type="checkbox"/> 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).	14 Reserved for future use						
<table border="1"> <tr> <th>Agricultural</th> <th>Household</th> <th>Other</th> </tr> <tr> <td></td> <td align="center">0</td> <td></td> </tr> </table>	Agricultural	Household	Other		0		
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.

<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 checked="" type="checkbox"/> Other (specify) HCSR EMPLOYER	<input type="checkbox"/> 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 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
Name and title (type or print clearly)	EMPLOYER'S NAME	HCSR EMPLOYER
		EMPLOYER'S PHONE NUMBER

Signature	EMPLOYER'S SIGNATURE	Date	CURRENT DATE	EMPLOYER'S FAX NUMBER
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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 EMPLOYER'S NAME EMPLOYERS PHYSICAL ADDRESS EMPLOYER'S CITY, STATE AND ZIP CODE		Taxpayer identification number(s)	
		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 JARED A ENDERS, CPA PO BOX 1902 LITCHFIELD PARK, AZ 85340-1902	CAF No. 0304-14664R PTIN P00280191 Telephone No. 623-792-6100 Fax No. 480-371-2241
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address SUNNY HUDSON 5416 E BASELINE RD STE 200 MESA, AZ 852064704	CAF No. 0314-89965R PTIN _____ Telephone No. (623) 792-6100 Fax No. (480) 371-2241
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

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 2024 THRU Q4 2026	NOT APPLICABLE
EMPLOYMENT TAXES	W2 AND W3	2024 THRU 2026	NOT APPLICABLE
INCOME TAXES	1099	2024 THRU 2026	NOT APPLICABLE

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

SAMPLE

- I understand that Acumen will provide a Workers' Compensation poster in the event my employee is injured on the job. I understand this poster must be displayed in the home where services are provided and in an area where it can be easily viewed and read by my employee during their work hours.
- I understand it is my responsibility to notify the Support Coordinator immediately of any significant changes in circumstances that may affect the Client's Service Authorization and/or safety.
- I understand it is my responsibility to notify Acumen immediately of any changes that effect eligibility for SAS services. (e.g. loss of approved funds, hospitalization, placement in a facility) 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. I understand that Acumen will not process a payment request without proper employer approval.
- 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 my repayment of claim. Any collection costs or legal fees will be my responsibility to pay.

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

Name of Client(s): John Client

Name of Employer: Ima Employer

Phone: 801-123-4567

Email Address: employer@yahoo.com

Ima Employer
Employer Signature

3-1-2022
Date

Acumen Fiscal Agent, LLC.
PO Box 539
Orem, UT 84059
Phone (888) 221-7014
Fax (888) 249-7023
customerservice@acumen2.net



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

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) <i>John Adam Doe (Full name on the SS card)</i>	Employer Social Security Number (SSN) <i>123-45-6789</i>
Other Names or Alias Used (please list all): <i>Do they have other last names they have previously used</i>	

	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: <u><i>98-7654321</i></u> What was the nature of the business: <u><i>Self-direction, lawn care, hair stylist, etc</i></u> Is the business still active (including any requirements for filing income tax, payroll tax, or information returns): <i>Still in business?</i> YES _____ NO <u><i>X</i></u>	<input checked="" 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: <u><i>Morning Sun, Public Partnerships, GT</i></u> Please provide dates of when you were with the F/EA: <u><i>Provide approximate dates</i></u>	<input checked="" 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: <u><i>State unemployment account #</i></u>	<input checked="" 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: <u><i>State withholding account #</i></u> Please provide the account number, if known: <u><i>N/A if state does not have withholding</i></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

Employer Signature

Current date

Date