



Employer Packet

(Keep this for your records)

Congratulations on self-directing your own supports. 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 their own supports since 1995.

Becoming an Employer

Inside this packet you will find the necessary forms and instructions that authorize Acumen to act on your behalf. These forms relate to the withholding and filing of employer- and employee- related taxes. This packet also 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 agent. Examples of these completed forms are provided separately for reference. Please check and note the date you sent each of the forms to Acumen.

*If you currently have or have had a Federal Employer Identification Number (FEIN), please be sure to include the number in the EIN fields of the 2678 and SS-4 forms. Acumen will not apply for a new EIN, but will use the forms to designate Acumen as your fiscal intermediary with the IRS.

- Acumen Authorization Form _____
Date Sent
- Employer Appointment of Agent - IRS Form 2678 _____
Date Sent
- Application for Employer Identification Number – IRS form SS4 _____
Date Sent
- Tax Information Authorization – IRS Form 8821 _____
Date Sent
- Employer/Acumen Agreement Form (page 2 only) _____
Date Sent
- Employer Designation of Secondary Authorized Rep (if applicable) _____
Date Sent

Email, Fax or Mail Information to Acumen

Email: enrollment-ut@acumen2.net
(write "UTAH" on the subject line)

Fax: (888) 249-7023

Mail:
Acumen Fiscal Agent
P.O. Box 539
Orem, UT 84059

UT DSPD
REV March
2022



Basic Employment Law

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, and click on Resources.
3. Avoid the temptation to classify your workers as independent contractors, as they probably are not. If you have questions, please call us at (888) 221-7014.
4. Please allow up to two weeks before scheduling your employee's first day of work to be sure all federal and any required state or program clearances have been received.

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.
3. You must pay your employees at least minimum wage.

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.

More Information:

For free information you can access:

- Federal Department of Labor: www.dol.gov. They issue a *Small Business Handbook*, which is helpful. It can be viewed and downloaded for free.
- Utah Department of Workforce Services: <http://jobs.utah.gov/>
- Utah State Tax Commission: <http://tax.utah.gov/>

Reminder

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



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.

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.

Medicaid Fraud

Medicaid fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided, in order to obtain improper payment. The Medicaid Fraud Unit investigates and prosecutes people who commit fraud. Medicaid fraud is a felony, and conviction can lead to substantial penalties. Additionally, individuals convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid 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, and click on Resources.

Electronic Visit Verification (E.V.V.)

All Medicaid-funded home and community-based services in Utah are required to comply with the federal E.V.V. mandate, including your paid employees. Acumen's E.V.V. solution is an easy-to-use mobile app with Direct Care Innovations (DCI), which employees can download free of charge to their web enabled smartphone or tablet. They will then log into the app at the beginning and ending of each shift in real time to capture all of the mandatory elements of the E.V.V. regulation. The only employees who can be excluded from the E.V.V. mandate are those who reside at the same address with the client receiving services. Employers must complete and submit the "E.V.V. Live-In Caregiver Attestation" form to Acumen when this is the case.

Just so you know, Acumen does offer a lower tech E.V.V. solution for those who must comply with E.V.V. but who do not have access to a smartphone or tablet. We would be happy to discuss this option with you if needed.



Reports

We will provide you with reports after a check is sent from your account. 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, your monthly allocation, and declining balance so you are aware of the remaining amount after each month.

Communication

Acumen is committed to keeping the lines of communication open. Please do not hesitate to contact us at anytime in one of the following ways:

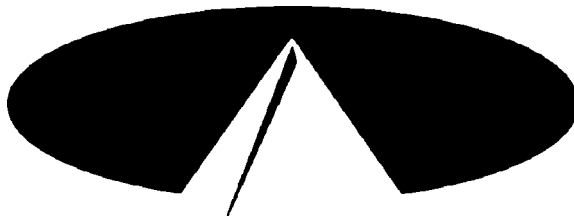
1. Upon completion of your enrollment with Acumen, you will be given direct access to your very own local (Utah-based) agent who can assist you during normal business hours which are Monday through Friday, 8:30 AM – 4:30 PM, excluding holidays. Direct contact information for your local agent will be provided when your enrollment is finalized.
2. In addition to having a local agent, Acumen offers back-up customer service 24 hours/day, 7 days/week (excluding holidays). You can email customerservice@acumen2.net or call toll free (888) 221-7014 to speak with a representative. Our TTY toll-free number is (888) 853-0010.
3. If you have a suggestion, complaint, or concern, please contact Acumen's President directly by calling toll-free (888) 530-7473 and leaving a message. Your call will be returned within two business days.

Grievance Procedure

Clients and applicants have the right to present Acumen with grievances about:

- Denial of Financial Management Services (FMS)
- Exclusion from one of the Medicaid 1915(c) waiver programs
- Inadequacies or inequities in these programs and services

If Acumen denies the grievance request for the above or fails to respond timely, the client or applicant may contact, in writing, DHS/DSPD Director at 195 North 1950 West, Salt Lake City, UT 84116. The DHS/DSPD Director or designee will attempt to resolve the grievance.





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

Name:	
Date of Birth:	
Physical Address:	
City/State/Zip:	

Support Coordinator

Name:	
E-mail Address:	
Phone Number:	

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

Employer's Signature:	
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Date:	
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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)

--	--	--	--	--	--	--	--	--	--

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)	<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

Date / /

Print your name here

Print your title here HCSR EMPLOYER

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.

EIN _____

Employer's Name Here	1 Legal name of entity (or individual) for whom the EIN is being requested		
Type or print clearly.	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name	Employer's Street Address Here
	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 City, St, Zip Here
	4b City, state, and ZIP code (if foreign, see instructions) MESA, AZ 85206-4704	5b City, state, and ZIP code (if foreign, see instructions)	
	6 County and state where principal business is located		
Employer's County & State Here	7a Name of responsible party	7b SSN, ITIN, or EIN	Employer's SSN Here
Employer's Name Here	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"/> 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		
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 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.		Telephone number required
Name and title (type or print clearly)	HCSR EMPLOYER		
Employer Sign Here	Signature _____	Date _____	Applicant's telephone number (include area code)
			Applicant's fax number (include area code)

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.

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 here.

Please fill in your phone number here.

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

Taxpayer name and address _____ Taxpayer identification number(s) _____

Daytime telephone number _____ Plan number (if applicable) _____

You must list a physical address. A PO box will not be accepted.

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.

Please sign your name here.

Signature _____

Enter date here.

Date _____

Print your name here.

Print Name _____

HCSR EMPLOYER

Title (if applicable) _____



Utah Division of Services for People with Disabilities (DSPD) Employer/Acumen Agreement Form

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

General understanding and conditions of the Self-Administered Services (SAS) option through the Division of Services for People with Disabilities (DSPD) program:

- Participation in this SAS option is a decision I have made after consultation with the Support Coordinator.
- I have received from the Support Coordinator any/all program related information about my service delivery options and the rules and regulations regarding participation in the SAS option. I understand it is my responsibility as the Employer to abide by all the rules and regulations of the program.
- I understand that I am the Employer of Record for this program. The employer is not Acumen Fiscal Agent (Acumen) or the DSPD program. 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 Final Rule. 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.
- I understand it is my responsibility to hire and train only qualified providers/employees, as defined by the SAS program, to furnish the services.
- I understand I will be provided 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 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 the 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, and 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, date of birth, SSN).
- I understand that Acumen Fiscal Agent is only authorized to represent me in processing payments as it relates to this SAS option and will only make payments on my behalf in accordance to the authorized amounts as outlined in the Service Authorization (budget).
- I understand it is my responsibility to stay aware of any remaining balances and schedule provider(s)/employee(s) and/or request program payments within those available hours.
- I understand that if I cause work to happen above and beyond what is authorized in the budget, I, as the employer, will be personally responsible for those expenses.
- I understand it is my responsibility to review and approve all requests 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) communication from Acumen regarding important program and/or payroll information as it relates only and specifically to the SAS program.

- 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): _____

Name of Employer: _____

Phone: _____

Email Address: _____

Employer Signature

Date



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



E.V.V. FOB Order Form – UT DSPD (To be completed by Employers)

Self-directed employees serving clients in Utah Medicaid programs must submit their hours using electronic visit verification. The only exception is for employees who reside at the same address as the client receiving the services, and for whom an EVV Live-In Caregiver Attestation Form has been submitted to Acumen.

Fiscal agents (FMS agencies) are required to offer solutions to help employers and employees to comply with the federal E.V.V. mandate. Acumen’s solution is the easy-to-use DCI Mobile App which can be downloaded free of charge to any web-enabled smartphone or tablet. Employees who have access to a web enabled smartphone or tablet must use this option to record and report their hours in real time.

If an employee does not have access to such technology, you as their employer can order a low-tech FOB option. These devices are only issued TO THE EMPLOYER (not to individual employees). The employee would press the FOB and record the readouts in real time at the beginning and end of each shift. The FOB tokens and other shift information is then entered into the DCI web portal to electronically verify each shift.

.....

Order a FOB for a specific client/participant

If you are an employer for more than one client/participant, complete separate forms for each client. Each FOB has a unique serial number which will be entered into the client’s DCI profile. As such, that FOB can only be used for services provided to that specific client and cannot be used interchangeably or across multiple clients. Make every effort to distinguish or mark each FOB so that employees clearly know which FOB belongs to which client and that they use the correct one. FOB devices must remain with the client/participant at all times and should not be allowed to be taken away from the client/participant by an employee. Such activity will be reported to Medicaid as EVV fraud.

In addition, FOBs will NOT function for EVV reporting unless it is set up for a specific client’s services in advance by Acumen. Do not share a FOB or “hand down” a FOB that is no longer needed because the FOB will not work properly for anybody other than the client that the FOB was originally issued to.

Please specify which participant/client this order is for:

Client’s First and Last Name: _____ DOB: _____

As the employer, I acknowledge that I am responsible to ensure my employees submit their hours using E.V.V. compliant methods and that they will not be paid for shifts reported to Acumen without the E.V.V. step being completed. I am responsible for safe keeping of the FOB that is issued to me for the participant/client listed above and acknowledge that it can only be used for services provided to this participant/client. If the FOB is ever lost, stolen or broken, it is my responsibility to order a replacement. Until a replacement arrives, my employees must use an alternative E.V.V. method to submit their hours or cannot be paid through Acumen for services rendered.

Employer’s Name (please print): _____

Employer’s Signature: _____ Date: _____

To which address would you like this FOB to be mailed?

Street or P.O. Box: _____ City/State/Zip: _____

Submit this form using any of the below methods. Please allow 2-3 weeks for processing and shipping.

MAIL: Acumen
ATTN: FOB Order
P.O. Box 539
Orem, UT 84059

EMAIL: enrollment-ut@acumen2.net (add “UTAH” to the subject line)
FAX: 888-249-7023



UTAH EMPLOYER'S DESIGNATION OF SECONDARY AUTHORIZED REPRESENTATIVE

Acumen Fiscal Agent (Acumen) is required to protect the privacy of client information and the services being provided to them. Submit this form if you want Acumen to be able to speak freely with anyone other than you as the Employer, the Client themselves or your support coordinator/case manager. (Consider spouses, adult siblings, parents, step parents and grandparents as possible representatives. Acumen is not automatically permitted to share protected information with any of these people without this authorization in place first.)

Please complete a separate form for each person you would like to authorize.

I, _____, ("the Employer") hereby request Acumen to accept
Employer's Full Name

the following individual as a duly appointed Secondary Authorized Representative:

Full Name of Authorized Representative: _____

Phone Number of Authorized Representative: _____

Representative's Relationship to the Employer: _____

This secondary Authorized Representative is approved to request access to the same information regarding services, payments, employees, enrollment, and eligibility that I, as the Employer, am permitted to receive in overseeing services for the following individual(s):

Full Name of Individual/Client: _____

Full Name of Individual/Client: _____

Terms and Conditions of this Authorization:

- I may revoke this authorization at any time by checking the box below and returning the form to Acumen. I understand that revocation is not effective until received and processed by Acumen.
- I am wholly liable for the actions of this secondary contact regarding the information they have access to.
- Appointment of this secondary contact does not relieve me of my legal obligations and responsibilities as an employer.
- I agree to indemnify Acumen against any and all actions arising out of the authorization of this secondary representative.

I would like to **revoke** authorization given for this secondary representative. _____
Employer initials and date

Under penalty of perjury, I have read and understand this authorization and agree to its terms and conditions.

Signature of Employer

Date

Signature of Secondary Authorized Representative

Date

Please return completed form using one of the below methods:

Email: enrollment-ut@acumen2.net

Mail Acumen Fiscal Agent
PO Box 539
Orem, UT 84059

FAX: 888-249-7023



Worker's Compensation Claim Reporting Guidelines for Employees

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

- 1. If it is a life-threatening emergency, seek medical attention immediately and inform the hospital that it is a workplace injury.**
- 2. Inform your employer of the injury.**
- 3. Call our Worker's Compensation Hotline at 866-472-2297 within 24 hours of the injury to report the claim and begin the process to receive benefits.**

Timely reporting of accidents is important because:

- ❖ Early access to medical care may decrease recovery time!
- ❖ The claims adjuster will need ample time to investigate incidents and make the appropriate decision about your benefits.
- ❖ In most states, there is a waiting period of 7 days before compensation is dispersed. The sooner you report the claim to Acumen, the sooner the clock starts on this waiting period.

CHANGE INFORMATION FORM: CLIENT or EMPLOYER



It is important to notify Acumen as quickly as possible when a change occurs to client and/or employer information. Simply complete this form and return it to Acumen by one of the following methods:

Mail: P.O. Box 539, Orem, UT 84059
Fax: (888) 249-7023
Email: enrollment-ut@acumen2.net

Change CLIENT Information

Complete this section when there is a change in client information. The client is the individual receiving services. If the client 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 Address Phone Number E-mail Address

Current/Previous Name:

New Name (if changed):

Street Address:

City/State/Zip:

Phone Number:

E-mail Address:

Client 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 client is also the employer, please complete the client 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 Address Phone Number E-mail Address

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:

Employee Packet

(Keep this for your records)



The following steps are required in order to hire an employee:

- Communicate with your Support Coordinator about the services and units authorized under SAS.
- Interview applicants and decide who you think would be the best fit for your particular needs.
- Have the person you decide to hire complete and send the following to Acumen:
 - Employee Information Form
 - UT DSPD Employee Rate Sheet
 - I-9 Employment Eligibility Verification (pages 1 and 2)
 - Your employee fills out **Section I**.
 - As the Employer, you fill out **Section II**.
 - The I-9 is the form most frequently submitted with errors that will hold up the enrollment process until the errors are corrected. To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com, and click on Resources. Or give us a call and we'll walk you through it!
 - Photocopies of the IDs used for the I-9 (see pg 3 of the I-9 for a list of acceptable IDs)
 - Background Screening Application (if the employee is a minor under 18, include the "Criminal Background Screening Authorization Form" with the guardian's signature at the bottom.)
 - Photocopy of the employee's government issued photo ID and social security card (these are required for the background screening process)
 - W-4 Employee's Withholding Allowance Certificate
 - Pay Selection Options Form
 - FLSA Live-In Attestation Form – only for employees who reside with the client, to exempt from overtime pay at the "time and a half" rate for hours worked over 40 in a work week.
 - Electronic Visit Verification (E.V.V.) Worksheet for Employers
 - E.V.V. Live-In Attestation Form – only for employees who reside with the client, to exempt them from having to comply with the electronic visit verification (E.V.V.) mandate.

The following forms must be completed but are not required to be submitted to Acumen:

- ✓ Provider Code of Conduct
- ✓ Application for Certification (2-9C) - Your Support Coordinator must sign this form.
- ✓ Employment Agreement (2-9EA)

Email, Fax or mail completed forms to Acumen. Acumen will notify you when your employee can begin working. Do not allow any work to be performed prior to this notification. Under normal circumstances, it will take approximately 5-7 business days before an applicant is clear for hire. However, it could take longer. Please stay on the lookout for phone call and/or email communication from Acumen and respond quickly to minimize delays. Examples of completed forms filled out correctly can be found in the back of this packet.

Also, because the forms are updated regularly, please check with Acumen to ensure you have the most current versions before spending time completing the new hire paperwork. The latest forms can be found on Acumen's website: <https://www.acumenfiscalagent.com/utah/#DSPD>



For your own records:

Employee Name _____
Phone # _____

Date Hired _____
Address _____

- W-4
- Rate Sheet
- Provider Code of Conduct
- Employment Agreement 2-9EA
- I-9
- Pay Selection Form

- Copies of SS Card & ID Card
- Employee Information Form
- Background Screening Application
- Application for Certification 2-9C

Comments _____

Date Terminated _____

Employee Name _____
Phone # _____

Date Hired _____
Address _____

- W-4
- Rate Sheet
- Provider Code of Conduct
- Employment Agreement 2-9EA
- I-9
- Pay Selection Form

- Copies of SS Card & ID Card
- Employee Information Form
- Background Screening Application
- Application for Certification 2-9C

Comments _____

Employee Name _____
Phone # _____

Date Hired _____
Address _____

- W-4
- Rate Sheet
- Provider Code of Conduct
- Employment Agreement 2-9EA
- I-9
- Pay Selection Form

- Copies of SS Card & ID Card
- Employee Information Form
- Background Screening Application
- Application for Certification 2-9C

Comments _____



Employee State and Local Tax Withholding

Utah state and local income tax will be withheld from all employees' pay based on state and local income tax withholding guidelines. Employees who live in another state may be required to file and pay state withholding tax in Utah and the state in which they live. Individuals in this situation should consult a tax advisor with any concerns they may have about their state tax liability.

Employee Changes and Termination

Complete the Employee Change Form if an employee changes his or her name or address. Complete the Termination Form when an employee no longer works for you. These changes should be reported to Acumen as soon as possible. Fax or mail completed forms to Acumen.

Employee Files

Acumen recommends that you always make a copy of any forms you submit and that you keep these copies in a safe place, as they contain sensitive and personal information. We recommend that you also maintain a current and accurate file on each employee hired. This file should contain all employee documentation in case of a future audit.

Confidentiality and Protection of Records

Employees must not disclose or knowingly permit the disclosure of any information concerning the participant, the employer, or his/her family to any unauthorized person.

Medicaid Fraud

Medicaid fraud is committed when an EMPLOYER or EMPLOYEE is untruthful regarding services provided in order to obtain improper payment. The Medicaid Fraud Unit investigates and prosecutes people who commit fraud. Medicaid fraud is a felony, and conviction can lead to substantial penalties. Additionally, individuals convicted of Medicaid fraud can be excluded from any employment with a program or facility receiving Medicaid funding.

Examples of Medicaid 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, and click on Resources.



Send paperwork to Acumen using any of the below methods:

Acumen Fiscal Agent
P.O. Box 539
Orem, UT 84059

Email: enrollment-ut@acumen2.net

Fax: (888) 249-7023

Toll-Free Phone: (888) 221-7014
TTY: (888) 853-0010

customerservice@acumen2.net
www.acumenfiscalagent.com





Employee Information Form Relationship Disclosure

Employee Name: _____ SSN: _____
 Physical Address: _____ City/State/Zip: _____
 Mailing Address (if different): _____ City/State/Zip: _____
 County of Physical Address: _____
 Phone Number: _____ Email (optional): _____
 Name of Client: _____
 Name of Employer (if applicable): _____

Instructions: There are some tax exemptions for certain domestic employer and employee relationships. Please select any of the below boxes if a relationship exists between you as the employee and the employer:

- None**, no relation to employer
- *Spouse** of the employer,
- *Child** of the employer and under the age of 21
- *Parent** of the employer - if this option is marked, read below and check all that apply:
 - You are employed by your son or daughter**
 - Your son or daughter has a child or stepchild living in the home**
 - Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**
 - Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition**

*Internal Use Only
<ul style="list-style-type: none"> • If Parent (employee) selected all 4 parent conditions, parent/employee is FUTA and SUTA Exempt • If Parent (employee) did NOT select all 4 parent conditions, parent/employee is FICA, FUTA, SUTA Exempt
<ul style="list-style-type: none"> • If Spouse or Child are selected, employee is FICA, FUTA, SUTA Exempt

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

- A. Child employed by parents – Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (*IRS Pub.15, Section 3, Paragraph 1*)
- B. One spouse employed by another – Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (*IRS Pub.15, Section 3, Paragraph 2*)
- C. Parent employed by child – Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (*IRS Pub.15, Section 3, Paragraph 4*)

The State of Utah follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the employee falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the employee falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax **will** be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

Employee Signature: _____ Date: _____



UT DSPD EMPLOYEE RATE SHEET

Employee Name	Employee SSN (last 4 digits)
Client Name(s)	Effective Date (see guidelines)

- SELECT ONE:** **This employee is a NEW hire or RE-hire** (The effective date above should match the hire date.)
 This is a revision for an existing employee (The effective date above must be at least two weeks later than the date you submit this form to Acumen, and must be either the 1st or the 16th of a month. Retroactive rate changes or effective dates that do not follow these guidelines will not be processed.)

Refer to the current "Show Me the Money" table for the allowable hourly wage range of each service code.

AC1 – Attendant Care (LSW)	\$ _____ Per hour	(do not write "Max")
AC2 – Attendant Care Level 2 (LSW)	\$ _____ Per hour	(do not write "Max")
AC3 – Attendant Care (LSW)	\$ _____ Per hour	(do not write "Max")
BE1 – Behavior Support (LSW)	\$ _____ Per hour	(do not write "Max")
CH1 – Chore Service	\$ _____ Per hour	(do not write "Max")
CO1 – Companion Hourly	\$ _____ Per hour	(do not write "Max")
HS1 – Homemaker	\$ _____ Per hour	(do not write "Max")
IS1 – Indiv Supported Employment (LSW)	\$ _____ Per hour	(do not write "Max")
PA1 – Personal Assistance	\$ _____ Per hour	(do not write "Max")
PA2 – Personal Assistance (spouse of client)	\$ _____ Per hour	(do not write "Max")
PA3 – Personal Assistance (limited)	\$ _____ Per hour	(do not write "Max")
RP1 – Respite Care	\$ _____ Per hour	(do not write "Max")
RL1 – Respite Care (LSW)	\$ _____ Per hour	(do not write "Max")
RP6 – Respite with Room & Board	\$ _____ Per hour	(do not write "Max")
RL6 – Respite with R&B (LSW)	\$ _____ Per hour	(do not write "Max")
RP7 – Group Respite without R&B	\$ _____ Per hour	(do not write "Max")
RP8 – Group Respite with R&B	\$ _____ Per hour	(do not write "Max")
SL1 – Supported Living	\$ _____ Per hour	(do not write "Max")
SL2 – Supported Living (spouse of client)	\$ _____ Per hour	(do not write "Max")
SL3 – Supported Living (limited)	\$ _____ Per hour	(do not write "Max")
TF1 – Family Training	\$ _____ Per hour	(do not write "Max")
DTP – Mileage Reimbursement*	\$ _____ Per MILE	(Write \$0.44 cents)
*Must be at least 18 years old		
Other Code _____	\$ _____ Per hour	

Employer name (please print): _____

Employer Signature _____ Date _____

Fax: (888) 249-7023 Email enrollment-ut@acumen2.net Mail: Acumen, P.O. Box 539, Orem, UT 84059



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
----------------------------------------------------------	----------------------------------------------------------	-------------------------------------------------

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--------------------------------------------------	--------------------------------------------------	-----------------------------------------

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



UT DSPD BACKGROUND SCREENING STEP BY STEP INSTRUCTIONS

DO NOT send a check, money order or any money at all to Acumen. Background checks for DSPD SAS employees are paid with DSPD funds.

DO NOT send background screening documents directly to the Office of Licensing as doing so will cause significant delays. Send background screening documents only to Acumen using any of the delivery methods described in section 3 below.

DO NOT get paper fingerprint cards – The Office of Licensing no longer accepts paper fingerprints cards without being approved in advance. If approved, an additional \$12.00 scanning fee must be paid by the employer or employee which is not reimbursable. If your employee does not have access to live scan fingerprinting and therefore, must use paper fingerprint cards, please connect with Acumen in advance so we can coordinate obtaining the prior approval from Licensing.

Step by step instructions:

1. Complete the upper portion of the background screening application legibly, making sure the employee signs and dates section 8 of the application. If the applicant is under 18, include the Criminal Background Screening Authorization with the guardian's signature.
2. For initial (new hire) applications or transfers, attach and send a copy of the employee's social security card and current government issued photo ID.
 - Expired documents are not permitted. Double check to make sure identification is current.
 - For annual renewals, please remember to send another copy of a current government issued photo ID. Name changes require additional steps – call us to discuss further.
3. Submit all application materials to Acumen using one of the below methods:
 - Email: enrollment-ut@acumen2.net (Write "Utah Background Check" on the subject line)
 - USPS Mail: Acumen Fiscal Agent, P.O. Box 539, Orem, UT 84059
 - Hand delivery, FedEx or UPS: 3520 N University Ave #225, Provo, UT 84604
4. Employees should watch for an email from noreply@innovativearchitects.com, which can sometimes land in Junk Email or Spam. Employees only have 5 calendar days to complete the Electronic Disclosure. If not completed within this window of time, the application is automatically closed in Licensing's database and Acumen must start over again. Acumen is not allowed to extend the 30-day grace period for this scenario so it is critical employees stay watchful and complete the Electronic Disclosure right away. Once signed, a livescan fingerprint form will be generated and emailed to the employee.
5. After step 4 is completed, Acumen will follow up with another email to the employee. This email will provide instructions, livescan sites and an individualized fingerprint form. The employee must print and take the fingerprint form and a photo ID with them to a Live Scan site for digital fingerprinting.
6. The Office of Licensing will inform Acumen if/when the employee is approved. Existing clearances from certain other provider types can transfer over to Acumen and if this happens, the existing clearance expiration date will still apply.
7. When background clearance is approved, Acumen will update the "Certifications" tab of the employee's DCI account with the clearance expiration date. A "pink sheet" with the employee's approval will be sent via mail within 4 weeks of the approval date.



UT DSPD BACKGROUND SCREENING STEP BY STEP INSTRUCTIONS

Helpful tips for employers:

For all new hires including transfers, Acumen will tell you the employee's "Good to Go" date. You can begin scheduling the employee to work from that day forward. New hires are permitted to work and be paid for up to 30 days from the employee's "Good to Go" date while waiting for their background screening determination from the Office of Licensing. During 30-day grace periods, employees must be directly supervised by their employer during any service provision.

The amount of time it takes for the Office of Licensing to process a background screening application is outside of Acumen's control. Acumen is not permitted to issue extensions if the processing takes longer than usual. Acumen is also not permitted to issue payroll for any employee whose background screening has lapsed. Monitor expiration dates carefully and do not schedule an employee to work if his or her background clearance (including their 30-day grace period) has lapsed.

Background expiration dates are made available for employers and employees within their DCI portal at <https://acumen.dcisoftware.com/>. (New employers and employees will be given their DCI login username and password when the enrollment process is complete.)

- ✓ Employees: background expiration date is located in the "Certifications" tab of their home screen.
- ✓ Employers: view expiration dates for each employee by clicking on the "Employees" tab on the left side of the screen, selecting the employee to be reviewed and then clicking the "Certifications" tab from within that employee's details page.

If an employee's background expiration date has lapsed, there will be no certification in "Active" status and the employee will not be able to enter or submit hours for payment. If you see an error, please call your local Acumen agent to request corrections right away.

DSPD reimburses up to \$16.00 for the cost of fingerprinting and Acumen is responsible to issue this reimbursement. If there is a charge incurred for the Live Scan fingerprints, obtain a receipt from the Live Scan operator and submit the receipt along with a "*Fingerprint Reimbursement Form*" to Acumen. Reimbursements are processed and issued to employers at the end of each month.

If you ever need another (blank) Background Screening Application, a Fingerprint Reimbursement Form or other forms for your employees, visit the Utah DSPD page of Acumen's website:

<https://www.acumenfiscalagent.com/utah/#DSPD>

If you have any questions about the background screening process, please contact your assigned Utah-based Acumen agent. If you are trying to enroll and don't have an agent yet, simply contact our Customer Service Department at 888-221-7014 or by email at customerservice@acumen2.net.



Criminal Background Screening Authorization Form

Applicant Name: _____ Application Number: _____

Applicant Background Clearance Disclosure

I authorize the Utah Department of Health and Human Services (DHHS) Office of Background Processing (OBP) to investigate my past and present child abuse, neglect and exploitation records, law enforcement, driver license and any other information which may be pertinent to my application according to Utah Code 26B-2-120, 121, 122 and Administrative Rule R501-14. I authorize the Department of Health and Human Services Office of OBP to continually monitor state, regional and nationwide criminal background databases and the Management Information System in order to identify criminal, abuse, neglect, exploitation activity for as long as I am associated with DHS licensed, contracted or certified programs.

I authorize the release of information for each purpose described in Utah Code Section 53-10-108 and I release and hold harmless the Department of Human Services from any damages resulting from DHHS furnishing such information as described in Utah Code Section 53-10-108. I certify that my answers contain no misrepresentations or falsifications and the information is true and complete.

I have read and understand the FBI RapBack Consent and Privacy Statement located on the DHHS Office of Background Processing website (www.dlbc.utah.gov). Until the completion of the background check, I understand I may be denied unsupervised access to children, vulnerable adults or to the privilege in which the background check pertains to. ****{I will provide a list of all criminal convictions which contains a description of the crimes and the particulars of the convictions.}**

Applicant Signature: _____ Date: _____

Legal Guardian Consent for Youth Background Screening (If applicable)

I authorize the Utah Department of Health and Human Services (DHHS) Office of Background Processing (OBP) to investigate and continually monitor the youth provider’s past and present child and adult abuse, neglect and exploitation records, law enforcement, driver license, and any information which may be pertinent to my application according to Utah Code 26B-2-120, 121, 122, and Administrative Rule 501-14. I authorize the release of all information and I release and hold harmless the Department of Health and Human Services from any damages resulting from the Department of Health and Human Services furnishing such information to authorized agencies.

I have read and understand the FBI RapBack Consent and Privacy statement located on the DHHS Office of Background Processing website (www.dlbc.utah.gov).

Applicant Guardian Signature: _____ Date: _____

Print Guardian Name: _____



Background check information worksheet
 DSPD/SAS Fiscal Agents

1. Applicant information, authorization and release							
This section must be completed by the applicant. Missing information or unreadable applications will be returned.							
Legal first name:		Given middle name. Indicate if middle name is an initial only: Use N/A if no middle name.			Current legal last name:		
List all maiden, alias & previous married names:					Phone # cell or home (circle one):		
Date of birth ____ / ____ / ____ MM DD YYYY		Social security number: _____ (Enter you full social security number)			Email address:		
Mailing address:			City:		State:	ZIP code:	
2. In the last five (5) years, have you lived in or have you spent six (6) or more consecutive months in a U.S. state besides Utah?							
<input type="checkbox"/> Yes	If yes, list each state separately. Additional documentation may be required. Do not list states in which you spent time for religious, educational, or military service as long as the primary state of residence is maintained.						
<input type="checkbox"/> No							
State	County	From month/year		To month/year			
3. Submit a copy of your social security card and current driver license, state identification card, passport, or military ID for verification of identity and complete the fields below. Applicants who wish to do a virtual meeting in lieu of mailing sensitive information may request one.							
Circle valid identification type (Driving privilege cards are not acceptable forms of I.D.)		<u>State/country issued</u>		<u>ID Number</u>		<u>Expiration date (mm/dd/yyyy)</u>	<u>Gender</u>
		<u>Eye color</u>	<u>Hair color</u>	<u>Height</u>	<u>Weight</u>	<u>Race (please circle)</u>	
Drivers license	State ID					Asian/Pacific Islander	
Passport	Military					Black Native American	
						White Hispanic	
4. Authorization must be given to the Utah Department of Health and Human Services Office of Background Processing to complete the background check. This will come in an email from noreply@innovativearchitects.com. You have 5 days from the time this application is submitted to complete the electronic disclosure form:							
<input type="checkbox"/> I acknowledge I must complete the electronic disclosure form via email from noreply@innovativearchitects.com to proceed with the background check.							
<input type="checkbox"/> I do not have the ability to complete the electronic disclosure form via email which may cause the background check to close.							
5. Fingerprints (check one box): <input type="checkbox"/> For those who are in Utah: I request the fiscal agent to send the Livescan Authorization Form and will do Livescan fingerprints.				<input type="checkbox"/> For those who are not in Utah: I am submitting 2 copies of rolled fingerprints with this application.			
6. Fiscal agent program name:							
8.							
Applicant signature: _____						Date: _____	

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information

Physical
Address
Required
(No P.O. Box)

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

If applicable -->

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$

Required field even if "0".

Step 4 (optional): Other Adjustments

Optional.
Please refer
to the
instructions.

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period

4(c) \$

If filing exempt, leave Steps 2, 3 & 4 blank. Write EXEMPT here --->

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

Employer
Name Here

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Pay Selection Options

Below are the options employees have for receiving their paychecks through Acumen. Please read the information about each option and select the one that is right for you. Paystubs will be sent through DCI Message Center. Your login information will be provided on your Good to Go. **You will need to provide additional information based on your selection; please read the instructions below and return all the necessary forms.**

Direct Deposit

With this option, your paycheck will be automatically deposited into your bank account on payday. There is no charge from Acumen to receive your pay via direct deposit. You won't have to wait for the mail or make a trip to the bank. On payday, paystubs will be sent via DCI messaging. You can have your paycheck deposited into one or two accounts, and you may change your account information at any time. **Please note:** You have the option to deposit a flat dollar amount **or** a percentage amount of your check to the primary account. If you choose to have a flat dollar amount deposited into your primary account, you will need to provide a secondary account in which the remainder of the funds will be deposited to. If you choose to have a percentage amount of your check deposited into two accounts, you must indicate the percentage to be deposited to each. The percentage total must be 100%. If no amounts are indicated, 100% will be deposited into the primary account. To enroll, fill out the information on the Authorization for Direct Deposit section of the form and return it, along with the additional requested items, to Acumen. You will receive paper checks by mail until your bank information is verified – usually within two pay periods.

Pay Card

Pay cards – also called pre-paid debit cards – work just like a regular debit card but are used only for payroll deposits. Acumen does not charge for this option, although the card provider may charge fees for certain transactions. Pay cards are up to 80% less expensive to use than check cashing services. Paystubs will be delivered via DCI messaging on payday. To enroll, complete the Authorization for Pay Card section of the form and return it to Acumen. Money Network will send you an information kit. You will need to activate the card with Money Network and then contact Acumen with your account information. You will receive paper checks by mail until this process is complete. For a complete fee schedule, see: <https://docs.moneynetwork.com/moneynetwork/prepaid-fees.html>

Please return the completed form to Acumen. You may send by email, fax, or mail listed below:

Email: Enrollment-ut@acumen2.net

Fax: (888) 249-7023

Mail: Acumen, P.O. Box 539, Orem, UT 84059

Note: if you do not select one of the options, Acumen will send your paycheck via regular mail, according to the established pay schedule you have received. Acumen will issue paper paychecks on payday; however, it is impossible to guarantee the date that paper checks will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If your paper check does not arrive within 5 business days of payday, you can call Acumen to issue a stop payment and have a new check issued. A processing fee of \$35.00 will be deducted from the new check for each stop payment request. This fee may be waived by signing up for direct deposit or pay card.

I choose to receive my pay by (please check one box below):

Check Direct Deposit Pay Card

DIRECT DEPOSIT INFORMATION

Please attach a voided check or bank letter for checking or savings account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

Primary Account 1 What type of account is this? <input type="checkbox"/> Checking (Include a voided check or bank letter) <input type="checkbox"/> Savings (Include routing & account information printout)	Secondary Account 2 (Mandatory for flat dollar option) <input type="checkbox"/> Checking (attach a voided check or bank letter) <input type="checkbox"/> Savings (attach routing & account information printout)
Financial Institution Name:	Financial Institution Name:
Financial Institution Address:	Financial Institution Address:
Routing Number:	Routing Number:
Account Number:	Account Number:
Skip this section if there is no Secondary Account 2. How much of each paycheck should be deposited into Primary Account 1? <input type="checkbox"/> A flat dollar amount of: \$ _____ or <input type="checkbox"/> A percentage of each paycheck: _____% If not specified, Acumen will deposit entire paycheck into Primary Account 1.	All remaining funds exceeding Primary Account 1 allocations will deposit into this account.

Are you the account holder for the account(s) listed above? **Yes** **No**

If "no," what is the name of the account holder? _____

If "no," employee agrees to have their funds deposited into this account. _____

Employee Signature

AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card. I understand that the Money Network pay card will have fees for transactions, and that I will be responsible for these fees if I choose this option. I understand that I may elect to have direct deposit to an existing pay card that is already in my name, as long as I provide supporting documentation to verify the routing & account number and name on the account. I understand that Acumen is not liable for any pay card fraudulent activity related to third party transactions. I understand that upon my request, Acumen may attempt a payment reversal. However, if the reversal is not successful, I understand that Acumen is not responsible and I will need to work with my institution to rectify said payment.

Print Name

Social Security Number

Date of Birth

Email Address

Signature

Date



Attestation to the Employee Live-in Exemption

Under the U.S. Department of Labor Fair Labor Standards Act (FLSA) – Home Care Rule revised regulations, I confirm that my employee listed below qualifies as a live-in domestic service worker and is exempt from the Fair Labor Standards Act overtime requirements.

I attest to the following:

- *My worker resides on my premises either “permanently” or for “extended periods of time”:*
 - *“Permanently” – My worker resides on my premises permanently by living, working and sleeping on my premises seven days per week and therefore has NO home of his or her own; OR*
 - *“Extended Periods of Time” – My worker resides on my premises for an extended period of time by living, working and sleeping on my premises for five days a week (120 hours or more) OR My worker spends less than 120 hours per week working and sleeping on my premises, but spends five consecutive days or nights residing on my premises.*
- *My worker is/will be paid at least minimum wage for all hours worked.*
- *There is a written agreement signed by my worker and myself to determine the number of hours that my worker will work.*
 - *Sleep time, meal time and other periods of time of complete freedom from work duties are excluded from work hours.*
 - *If any of the designated freedom of time periods are interrupted, I must pay for that time worked.*
 - *My worker may either leave the premises or stay on the premises during the designated freedom time periods.*
 - *If there is ANY deviation to the written agreement, a new agreement must be made.*

By signing below, I acknowledge that I am the employer for this stated employee and that by declaring this exemption, I have complied with the requirements for this exemption and accept any and all legal responsibility including but not limited to any cost associated with litigation or fines that may result by falsely claiming this exemption. I understand that this attestation form does not constitute the written agreement between me and my worker.

Participant/Client Name: _____ (PLEASE PRINT)

State: _____

Employer Name: _____ (PLEASE PRINT)

Employer Signature: _____ Date: ____/____/____

Employee/Worker Name: _____ (PLEASE PRINT)

Employee/Worker Signature: _____ Date: ____/____/____



Acumen Fiscal Agent

ELECTRONIC VISIT VERIFICATION (E.V.V.) WORKSHEET

Please complete this worksheet to give Acumen a better understanding of how E.V.V. requirements will be met for each employee.

Employee #1: Name _____

- Does this employee reside at the same address as the client who receives services?
 - Yes (submit "E.V.V. Live-In Caregiver Attestation" form to exempt employee from E.V.V. requirements – end survey for this employee)
 - No (employee must comply with E.V.V. – proceed to the next bullet)
- Does the employee have access to a web enabled smartphone or tablet to clock in and out using a mobile app at the beginning and ending of each shift?
 - Yes (employee will use the DCI mobile app to record hours – end survey)
 - No (purchase a FOB by submitting a FOB order form and a check for \$20.00)

Employee #2: Name _____

- Does this employee reside at the same address as the client who receives services?
 - Yes (submit "E.V.V. Live-In Caregiver Attestation" form to exempt employee from E.V.V. requirements – end survey for this employee)
 - No (employee must comply with E.V.V. – proceed to the next bullet)
- Does the employee have access to a web enabled smartphone or tablet to clock in and out using a mobile app at the beginning and ending of each shift?
 - Yes (employee will use the DCI mobile app to record hours – end survey)
 - No (purchase a FOB by submitting a FOB order form and a check for \$20.00)

Employee #3: Name _____

- Does this employee reside at the same address as the client who receives services?
 - Yes (submit "E.V.V. Live-In Caregiver Attestation" form to exempt employee from E.V.V. requirements – end survey for this employee)
 - No (employee must comply with E.V.V. – proceed to the next bullet)
- Does the employee have access to a web enabled smartphone or tablet to clock in and out using a mobile app at the beginning and ending of each shift?
 - Yes (employee will use the DCI mobile app to record hours – end survey)
 - No (purchase a FOB by submitting a FOB order form and a check for \$20.00)



Electronic Visit Verification (EVV) Live-In Caregiver Attestation Form

Electronic visit verification (EVV) is a technology solution which electronically verifies visit information to ensure that home and community-based services are delivered to the client. States are permitted to exempt live-in caregivers from EVV requirements for services provided to the client within the shared home setting. This form is intended to document that an employee resides with the client in services, either permanently or for extended periods of time.

Employee Name: _____ SSN (last 4 digits): _____

Name of Client: _____ DOB: _____

Shared Physical Address: _____ City/State/Zip: _____

EMPLOYER'S ATTESTATION:

Please indicate which of the below scenarios is applicable.

- "Permanently" – this employee resides on the same premises as the client permanently by living, working and sleeping on the premises seven days per week and has no separate home of his/her own.
- "Extended Periods of Time" – this employee resides on the same premises as the client for an extended period of time by living, working and sleeping on premises for five days a week (120 hours or more) OR spends less than 120 hours per week working and sleeping on premises but spends five consecutive days or nights residing on premises.

I understand that hours submitted by this employee for services provided to this client within the shared home setting are exempt from EVV requirements. I also understand that services provided in any other community-based setting outside of the shared home location must meet EVV requirements in order for Acumen to issue payroll. I also agree to notify Acumen immediately if this shared living arrangement ever changes in the future, resulting in this employee and this client residing separately. When this happens, this employee will begin meeting EVV requirements for all services provided no matter the setting.

Name of Employer: _____

Employer's Signature: _____ Date: _____

CHANGE INFORMATION FORM: EMPLOYEE



It is important to notify Acumen anytime an employee's information changes so that we can accurately report to state and federal agencies. Please complete this form and return to Acumen by one of the following methods:

Mail: P.O. Box 539, Orem, UT 84059
Fax: (888) 249-7023
Email: enrollment-ut@acumen2.net

Change Employee Information

Complete this section when there is a change in employee information. The employee is the person providing service and receiving a paycheck.

For a change in name, fax or mail this form, a copy of the new Social Security card, and the employee's original I-9 form with Section 3 completed.

For a name change, please provide the previous and new name. For all other changes, only the new information is required.

Change In (select all that apply): Name Address Phone Number E-mail Address

Current/Previous Name:

New Name:

Street Address (if changed):

City/State/Zip (if changed):

Phone Number (if changed):

E-mail Address:

Client Name and ID Number:

Employee ID Number:

Signature (Employer or Authorized Rep):

Date:

UT
REV March 2022



EMPLOYEE TERMINATION FORM

Employers must complete the following information when an employee stops working for them. Please complete this form and return it to Acumen in one of the following ways:

Mail: P.O. Box 539, Orem, UT 84059
Fax: (888) 249-7023
E-mail: Payroll-UT@acumen2.net

Your state has laws regarding how quickly an employee's final paycheck must be issued. Please make sure the final hours owed to your employee have been approved and submitted so Acumen can help you comply with the final paycheck laws in your state.

EMPLOYEE NAME:	
EMPLOYEE ID #:	
LAST DATE OF EMPLOYMENT:	CHECK ONE
	VOLUNTARY <input type="checkbox"/> INVOLUNTARY <input type="checkbox"/>
REASON FOR ENDING EMPLOYMENT:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS IN THE MAIL, THE FINAL PAYCHECK WILL BE SENT TO THE ADDRESS ON FILE. IF THE CHECK NEEDS TO BE SENT TO A DIFFERENT ADDRESS, PLEASE PROVIDE THAT ADDRESS BELOW:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS ELECTRONICALLY (DIRECT DEPOSIT OR PAYCARD), THE FINAL PAYCHECK WILL BE DELIVERED ELECTRONICALLY. IF A PAPER CHECK IS NEEDED INSTEAD, PLEASE PROVIDE THE ADDRESS WHERE THAT CHECK SHOULD BE SENT BELOW:	
CLIENT NAME AND ID #:	
EMPLOYER NAME:	
EMPLOYER SIGNATURE:	DATE:



Paying For Your Supports

Payroll Schedule

Included in this packet is the Payment Schedule which details the time submission deadlines and pay dates. As a rule of thumb, time entries must be submitted/approved on the 1st and 16th of each month even if these dates fall on weekends or holidays. These are strict deadlines so please keep this handy and follow the schedule so your employees get paid on time. Late submissions will be processed in the next payroll cycle according to the schedule.

Reporting Employees' Time

Anytime your employee performs work, you and the employee need to report that work to Acumen. Your employees will submit their hours to you via one of the below methods, you will review the entries for accuracy and then approve the hours for payment. Your role here is very important. Please stay mindful of the time submission deadlines and also ensure you are only approving shifts that are reported correctly.

1. E.V.V. mandated employees will use the DCI mobile app to clock in and out in real time at the beginning and ending of each shift. Those shifts will then appear in your Employer Portal of DCI in "Pending" status. As employer, you will log into DCI on the time submission deadline days to review and either approve or reject the submitted entries. All shifts that are approved on time will be processed and paid in that pay period.
2. E.V.V. mandated employees who will be reporting their hours with a FOB will keep a manual, detailed tracking log in real time. The log must track the service date, the precise start and end times of each shift and the 6-digit FOB token readouts that were taken at the exact start and end times. The employee will then log into their DCI employee portal any time after the shift has been completed and before the time submission deadline day to report the hours to you. As employer, you will log into DCI on the deadline day to review and either approve or reject the submitted entries.
3. Employees who have been made exempt from E.V.V. requirements by submitting the EVV Live-In Caregiver Attestation Form to Acumen can simply log into their DCI employee portal and report their hours to you any time after completion of the shift. Again, on the time submission deadline days you will login to review and approve the shift entries for payment.

Monitoring Your Service Utilization in DCI

As your employees create shifts in DCI, the number of units needed to cover their shifts are placed in "Hold" status pending your approval. As soon as you approve a shift in DCI, the units are officially deducted from that service code budget. In this way, DCI keeps track of your service utilization and you can access your current unit balances anytime!

DCI also gives you an added layer of fraud protection. As an employer, it is your responsibility to ensure the accuracy of your employees' hours prior to approval/submission. DCI is password protected, which means that no information can be modified without your password being entered. It is critical to keep your password confidential.



Paying For Your Supports

Employee Pay Rate – Setting Wages

To set up or change an employee's hourly pay rate, you must turn in a UT DSPD Employee Rate Sheet to Acumen. As employer, you can pay any amount within the applicable service code pay ranges listed on the "Show Me the Money" table. There are rules for the effective dates of rate *changes* and these rules are specified at the top of the Rate Sheet form.

Please be aware that the max pay rates on the "Show Me the Money" table are calculated down from the max BILLING rates to account for employer taxes that must be added to the rate prior to submitting claims to DSPD for reimbursement. Employer taxes change from time to time and when they do, the max pay rates listed on the "Show Me the Money" table will be adjusted either up or down accordingly. The timing of this is usually at the turn of the new fiscal year on July 1.

Earned Income Credit

Some employees are eligible for the Earned Income Tax Credit (EITC). EITC is a refundable federal income tax credit for low to moderate income working individuals and families. To qualify, taxpayers must meet certain requirements and file a tax return, even if they do not have a filing requirement. To learn more about the rules and income limits to qualify for EITC contact the IRS at www.irs.gov/eitc or call (800) 829-1040.

Overtime

If your employee works more than 40 hours in a work week (and you have not submitted the FLSA Live-In Attestation Form), they will be paid overtime at one and a half times the normal rate. Units are deducted from the service code budget at a rate of 1.5 units for each 15-minute unit that your employee works over 40 hours per work week. (The work week is defined as Sunday through Saturday.)

Transportation

If the care plan has been approved for mileage reimbursement (service code DTP), the employee's Rate Sheet must have the DTP service code checkbox selected to indicate your approval of this service for the specific employee. To report miles traveled during a shift, the employee can log into their DCI mobile app and start the mileage tracking feature. At the end of the trip, the employee logs in again to terminate the mileage tracking. The mileage entry is then created and reported directly to you in "Pending" status in your DCI employer portal. Approval of mileage reimbursement follows the same schedule as all other time submission deadlines.



UT DSPD Payroll Schedule Effective July 1, 2023 - June 30, 2024

To ensure that your employees are always paid on time, please approve and submit all time entries by the “Submissions Due NO Later Than” date, **even if it falls on a weekend or holiday**. These dates are strictly enforced and time submissions approved and/or received after the deadlines will be processed in the following payment period.

Unless an employee has been granted formal electronic visit verification (E.V.V.) live-in exemption, they must use an E.V.V. compliant method of time submission. The best option is the DCI mobile app, where employees clock in and out in real time using a smart phone or web enabled tablet. Employees should go to their Google Play Store or Apple App Store and install the free app called “DCI Mobile E.V.V.” When prompted, enter the System Identifier 228636.

Employees who are formally approved as live-in exempt from the EVV mandate can enter their hours using the online DCI portal website with a laptop, computer or any other type of web enabled device. To access the site go to:

<https://acumen.dcisoftware.com/>

If you need help using DCI, contact your local Utah-based agent or Acumen’s Customer Service Department at (888)221-7014.

MONTH	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date
JULY	07/15/23	Tue, 07/18/23	Tue, 07/25/23
	07/31/23	Thu, 08/03/23	Thu, 08/10/23
AUGUST	08/15/23	Fri, 08/18/23	Fri, 08/25/23
	08/31/23	Sun, 09/03/23	Fri, 09/08/23
SEPTEMBER	09/15/23	Mon, 09/18/23	Mon, 09/25/23
	09/30/23	Tue, 10/03/23	Tue, 10/10/23
OCTOBER	10/15/23	Wed, 10/18/23	Wed, 10/25/23
	10/31/23	Fri, 11/03/23	Thu, 11/09/23
NOVEMBER	11/15/23	Sat, 11/18/23	Fri, 11/24/23
	11/30/23	Sun, 12/03/23	Fri, 12/08/23
DECEMBER	12/15/23	Mon, 12/18/23	Fri, 12/22/23
	12/31/23	Wed, 01/03/24	Wed, 01/10/24
JANUARY	01/15/24	Thu, 01/18/24	Thu, 01/25/24
	01/31/24	Sat, 02/03/24	Fri, 02/09/24
FEBRUARY	02/15/24	Sun, 02/18/24	Fri, 02/23/24
	02/29/24	Sun, 03/03/24	Fri, 03/08/24
MARCH	03/15/24	Mon, 03/18/24	Mon, 03/25/24
	03/31/24	Wed, 04/03/24	Wed, 04/10/24
APRIL	04/15/24	Thu, 04/18/24	Thu, 04/25/24
	04/30/24	Fri, 05/03/24	Fri, 05/10/24
MAY	05/15/24	Sat, 05/18/24	Fri, 05/24/24
	05/31/24	Mon, 06/03/24	Mon, 06/10/24
JUNE	06/15/24	Tue, 06/18/24	Tue, 06/25/24
	06/30/24	Wed, 07/03/24	Wed, 07/10/24

“MONTH” refers to the month that services were provided.

“Payment Period End Date” is the last day of services in the pay period.

“Direct Deposit/Check Date” shows the date that payment will be issued. For those payees that have selected direct deposit or pay card, this is also the date that funds will be available in their accounts.

“Submissions Due NO Later Than” is the last date that your timesheets can be received or that your DCI time entries can be entered and approved for the pay period



UT DSPD- SHOW ME THE MONEY (HOW MUCH CAN I PAY?)

January 1, 2024 – June 30, 2024

The following table provides the pay range for each service. Employers are free to set an employee's wage at any amount within the pay ranges listed below, but must pay at least minimum wage per hour and cannot exceed the "max pay rate." On the Employee Rate Sheet, add an hourly wage (a dollar figure) for the codes the employee is authorized to provide. Do NOT write "MAX" as this will be returned for correction.

Service Code	Minimum Pay Rate (Per Hour)	Max Pay Rate (Per Hour)
CH1	\$7.25	\$19.37
CO1	\$7.25	\$18.27
HS1	\$7.25	\$19.37
PA1 / PA2 / PA3	\$7.25	\$16.65
RP1	\$7.25	\$15.53
RP6	\$7.25	\$17.54
RP7	\$7.25	\$10.39
RP8	\$7.25	\$11.83
SL1 / SL2 / SL3	\$7.25	\$21.94
TF1	\$7.25	\$17.75
DTP	\$0.44 (Per Mile)	N/A

Below this line is for the Limited Supports Waiver only:

AC1	\$20.22
AC2 / AC3	\$22.68
BE1	\$39.90
IS1	\$38.97
RL1	\$16.16
RL6	\$18.25

The Department of Labor requires that any hours worked over 40 in a work week (Sunday – Saturday) must be paid at "time and a half" (or 1.5 x the hourly wage) unless a live-in exemption has been submitted to Acumen for the employee. Overtime (OT) will be deducted from the budget at a rate of 1.5 units for each OT unit worked, which equates to 6 units per overtime hour. However, the additional half units are not deducted in real time, but rather are deducted when the Payroll Team is processing the hours. Be careful when scheduling employees to work when remaining units are nearing depletion. Do the math in advance and make absolutely sure there will be enough units to cover 1.5 units per quarter hour of OT worked.



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



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name) EMPLOYEE		First Name (Given Name) JANE		Middle Initial (if any) E	Other Last Names Used (if any)	
Address (Street Number and Name) 123 HAPPY VALLEY RD			Apt. Number (if any)	City or Town ANYTOWN		State AZ
Date of Birth (mm/dd/yyyy) 01/01/1990		U.S. Social Security Number 5 5 5 5 5 5 5 5		Employee's Email Address EMAIL@EXAMPLE.COM		Employee's Telephone Number (555) 555-5555

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States

2. A noncitizen national of the United States (See Instructions.)

3. A lawful permanent resident (Enter USCIS or A-Number.)

4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work in the United States (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
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Signature of Employee
EMPLOYEE SIGNATURE

Today's Date (mm/dd/yyyy)
08/03/2023

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: An Employer or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A or a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

Document Title 1	List B	AND	List C
	DRIVER'S LICENSE		SOCIAL SECURITY CARD
Issuing Authority	ARIZONA DMV		SSA
Document Number (if any)	5555555A		555-55-5555
Expiration Date (if any)	05/05/2025		N/A

Document Title 2 (if any)

Issuing Authority

Document Number (if any)

Expiration Date (if any)

Document Title 3 (if any)

Issuing Authority

Document Number (if any)

Expiration Date (if any)

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):
08/05/2023

Last Name, First Name and Title of Employer or Authorized Representative
EMPLOYER, ELAINE - HOUSEHOLD EMPLOYER

Signature of Employer or Authorized Representative
EMPLOYER SIGNATURE

Today's Date (mm/dd/yyyy)
08/03/2023

Employer's Business or Organization Name
ELAINE EMPLOYER

Employer's Business or Organization Address, City or Town, State, ZIP Code
123 MAIN ST, ANYTOWN, AZ, 55555

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.