

Participant / Employer Packet

Date of Completion: _____



Start Up Packet Forms and Form Explanations

(These forms must be returned to Outreach to get you started with fiscal employer agent services.)

FORM	PURPOSE
Start Up Checklist	This form lists all of the forms that must be completed to begin with Outreach, The checklist can be used as a guide to make sure no forms are forgotten.
Participant Information Form	Basic contact information is recorded on this form to be used for Outreach. Please fill out Personal Representative if someone is representing you. If legal Guardian is in place fill out the legal guardian information and send with packet a copy of the guardianship papers.
SS-4 form	This form is to allow Outreach to apply for a EIN number which is required to pay the pay roll taxes for your PHW
2678 Form	This form is for Outreach to be able to pay your PHW state and federal taxes based on the W4 filled out by PHW.
8821 Form	This form is for Outreach to be able to receive tax information based on the PHW income and to be able to create a W2 at the end of the year.

Forms must be accurate and complete before you begin.



Participant/Employer Enrollment Packet Checklist



Print Participant Name

This checklist is used as a guide to make sure all forms are completed. Please initial by each item when the form is complete and return with the Enrollment Packet. **If you have any questions please call toll free 1-877 901-5826.**

	Participant	Consultant
1. Participant Checklist	_____	_____
2. Participant Information form	_____	_____
3. SS-4 form	_____	_____
4. 2678 Form	_____	_____
5. 8821 Form	_____	_____

My signature indicates that the following forms have been explained to me.

Participant/Legal Guardian Signature Date

Consultant Signature Date



PARTICIPANT INFORMATION FORM



PARTICIPANT INFORMATION

Participant Name: _____
First Middle Last

Medicaid Number: _____ DOB: _____

SS#: _____ Gender: ☐ Male ☐ Female Race: _____

Home Address: _____
Street City State Zipcode

Mailing Address: ☐ Same address as home if same you do not need to complete these fields
Street City State Zipcode

Phone Number: _____ Cell#: _____

Emergency Contact/Phone: _____ Relationship: _____
First Last Phone

Previous or Current FEIN# _____ Email: _____

Consultant Name: _____ Consultant Email: _____
First Last

Consultant Phone#: _____ Consultant Agency: _____

LEGAL GUARDIAN INFORMATION, IF APPLICABLE

Name: _____
First Last

Home Address: _____
Street City State Zipcode

Mailing Address: ☐ Same address as home if same you do not need to complete these fields
Street City State Zipcode

Phone Number: _____ Cell#: _____

Email: _____

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

OMB No. 1545-0003

EIN **FOR OUTREACH USE**

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested																	
	2 Trade name of business (if different from name on line 1) NA		3 Executor, administrator, trustee, "care of" name															
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 269 W. Renner Pkwy		5a Street address (if different) (Do not enter a P.O. box.)															
	4b City, state, and ZIP code (if foreign, see instructions) Richardson, TX 75080		5b City, state, and ZIP code (if foreign, see instructions)															
	6 County and state where principal business is located																	
	7a Name of responsible party		7b SSN, ITIN, or EIN															
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input type="checkbox"/> No															
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. <table border="0"><tr><td><input type="checkbox"/> Sole proprietor (SSN) _____</td><td><input type="checkbox"/> Estate (SSN of decedent) _____</td></tr><tr><td><input type="checkbox"/> Partnership</td><td><input type="checkbox"/> Plan administrator (TIN) _____</td></tr><tr><td><input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____</td><td><input type="checkbox"/> Trust (TIN of grantor) _____</td></tr><tr><td><input type="checkbox"/> Personal service corporation</td><td><input type="checkbox"/> National Guard <input type="checkbox"/> State/local government</td></tr><tr><td><input type="checkbox"/> Church or church-controlled organization</td><td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military</td></tr><tr><td><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____</td><td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) ▶ HHCSR</td><td>Group Exemption Number (GEN) if any ▶ _____</td></tr></table>				<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"/> 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/military	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input checked="" type="checkbox"/> Other (specify) ▶ HHCSR	Group Exemption Number (GEN) if any ▶ _____	
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<input checked="" type="checkbox"/> Other (specify) ▶ HHCSR	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) <table border="0"><tr><td><input type="checkbox"/> Started new business (specify type) ▶ _____</td><td><input type="checkbox"/> Banking purpose (specify purpose) ▶ _____</td></tr><tr><td><input type="checkbox"/> Hired employees (Check the box and see line 13.)</td><td><input type="checkbox"/> Changed type of organization (specify new type) ▶ _____</td></tr><tr><td><input type="checkbox"/> Compliance with IRS withholding regulations</td><td><input type="checkbox"/> Purchased going business</td></tr><tr><td><input checked="" type="checkbox"/> Other (specify) ▶ HHCSR</td><td><input type="checkbox"/> Created a trust (specify type) ▶ _____</td></tr><tr><td></td><td><input type="checkbox"/> Created a pension plan (specify type) ▶ _____</td></tr></table>				<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) ▶ HHCSR	<input type="checkbox"/> Created a trust (specify type) ▶ _____		<input type="checkbox"/> Created a pension plan (specify type) ▶ _____					
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	<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																
13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14. <table border="1"><tr><td>Agricultural 0</td><td>Household 1-5</td><td>Other 0</td></tr></table>		Agricultural 0	Household 1-5	Other 0	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. <input type="checkbox"/>													
Agricultural 0	Household 1-5	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) ▶ NA																		
16 Check one box that best describes the principal activity of your business. <table border="0"><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Rental & leasing</td><td><input type="checkbox"/> Transportation & warehousing</td><td><input type="checkbox"/> Health care & social assistance</td><td><input type="checkbox"/> Wholesale-agent/broker</td></tr><tr><td><input type="checkbox"/> Real estate</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Finance & insurance</td><td><input type="checkbox"/> Accommodation & food service</td><td><input type="checkbox"/> Wholesale-other</td></tr><tr><td colspan="3"></td><td><input checked="" type="checkbox"/> Other (specify) HHCSR</td><td><input type="checkbox"/> Retail</td></tr></table>				<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Health care & social assistance	<input type="checkbox"/> Wholesale-agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale-other				<input checked="" type="checkbox"/> Other (specify) HHCSR	<input type="checkbox"/> Retail
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			<input checked="" type="checkbox"/> Other (specify) HHCSR	<input type="checkbox"/> Retail														
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.																		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input 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 Mark Patterson		Designee's telephone number (include area code) (972) 840-7200															
	Address and ZIP code 269 W. Renner Pkwy, Richardson, TX 75080		Designee's fax number (include area code) (866) 703-1130															
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			Applicant's telephone number (include area code) ()															
Name and title (type or print clearly) ▶			Applicant's fax number (include area code) ()															
Signature ▶			Date ▶															

Form **2678 Employer/Payer Appointment of Agent**

(Rev. August 2014) 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 are 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 is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are 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 are 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
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Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<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 cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient.

- ☒ Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

**X Sign your
name here**

--

Date

/	/
---	---

Print your name here

--

Print your title here

HHCSR

Best daytime phone

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Now give this form to the agent to complete. ➡

Part 3: Agent Information: If you will be an agent for an employer or payer, or want to revoke an appointment, complete this part.**6 Agent's employer identification number (EIN)**

		–							
--	--	---	--	--	--	--	--	--	--

7 Agent's name (not trade name)
8 Trade name (if any)
9 Address**269 W Renner Pkwy**

Number

Street

Suite or room number

Richardson**TX****75080**

City

State

ZIP code

Foreign country name


Foreign province/county

Foreign postal code

☒ Check here if the employer is a home care service recipient receiving home care services through a program administered by a federal, state, or local government agency.

Under penalties of perjury, I declare that I have examined this form and any attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here



Print your name here

Print your title here

Date

 / /

Best daytime phone

Tax Information Authorization

OMB No. 1545-1165

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date _____

- Information about Form 8821 and its instructions is at www.irs.gov/form8821.
► Do not sign this form unless all applicable lines have been completed.
► To request a copy or transcript of your tax return, use Form 4506, 4506-T, or 4506T-EZ.

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address (type or print)	Taxpayer identification number(s) NA	
	Daytime telephone number	Plan number (if applicable) NA

2 Appointee. If you wish to name more than one appointee, attach a list to this form.

Name and address Outreach Health Services 269 W. Renner Pkwy Richardson, TX 75080	CAF No. NA PTIN NA Telephone No. 877-901-5827 Fax No. 866-463-7589 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax matters. The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.

(a) Type of Tax (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, etc.) (see instructions)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)
Income Tax, Unemployment Ins.	940,941,1040,W2	Q 12,3,4; 2014-2017	Tax Liability
Employment	940,941,1040,W2	Q 12,3,4; 2014-2017	Tax Liability

4 Specific use not recorded on 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 lines 5 and 6 ☐

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☒

Note. Appointees will no longer receive forms, publications and other related materials with the notices.

b If you do not want any copies of notices or communications sent to your appointee, check this box ☐

6 Retention/revocation of tax information authorizations. This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you **must** attach a copy of any authorizations you want to remain in effect and check this box ☐

To revoke this tax information authorization, see the instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature _____ Date _____

Print Name _____ Title (if applicable) **HHCSR /Employer**

☐ ☐ ☐ ☐ ☐ PIN number for electronic signature