Participant / Employer Packet

Date of Completion: 1/23/25

Estimated Start Date: 3/1/25

Acumen Fiscal Agent

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Participant Enrollment Forms List and Explanations

Complete ALL sections for each required form.
Signatures are required.

Required Forms	Purpose
Start Up Checklist	This form lists all the forms that must be completed to enroll with Acumen. It can be used as a guide to make sure no forms are forgotten.
Participant Information Form	Basic contact information and other helpful details are recorded on this form. Please fill out the Personal Representative section if someone is representing you. If Legal Guardianship is in place, complete the legal guardian information and include a copy of the guardianship documentation with your submitted packet.
SS-4 Form	This form is to allow Acumen to apply for an Employer Identification Number (EIN) which is required to pay the payroll taxes for your PHW.
2678 Form	This form is so Acumen can pay state and federal taxes for your PHW based on their W4 and WT-4.

Please return all completed forms to the IRIS Consultant.

PLEASE NOTE THAT INACCURATE AND INCOMPLETE FORMS MAY CAUSE DELAYS.

For additional assistance contact Acumen at:

Email: Wisconsin@Acumen2.net

Phone: 877-901-5826

Mail: PO Box 945, Osceola, WI 54020

Acumen Fiscal Agent

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Participant/Employer Enrollment Packet Checklist

Acumen Fiscal Agent
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John Doe
First Last
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 or email us at Wisconsin@Acumen2.net.**

	Participant	Consultant
1. Participant Checklist	JD	
2. Participant Information Form	JD	
3. SS-4 Form	JD	
4. 2678 Form	JD	
5. Guardianship or POA Documentation (If applicable)		

John Doe 1/23/2
Participant/Legal Guardian Signature Date

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

Consultant Signature Date

My signature indicates that I have confirmed the enclosed packet is complete and correct.

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IRIS Participant Information Form

PARTICIPANT INFORMATION

Participant Name: John (First) ______ (Middle) Doe (Last)

Medicaid Number: 9876543210 **DOB:** 10/01/1951 **County:** Dane

SS#: 321-56-9876 **Gender: Male** ■ **Female** ☐ **Language:** ______ **Race:** ______

Home Address: 123 S Maple St (Street) Madison (City) WI (State) 53708 (Zip Code)

Mailing Address ☑ **If different** PO Box 4747 (Street) Madison (City) WI (State) 53708 (Zip Code)

Main Phone #: (608) 555-2323 **Alt Phone#:** (608) 555-3434

Do you have an FEIN? Yes ☐ **No** ■ **If so, the # is:** ______ **Email:** john.doe@gmail.com

Consultant Name: Frankie (First) Fawn (Last) **Consultant Email:** frankie.fawn@ica.org

Consultant Phone#: (608) 555-6767 **Consultant Agency:** ICA

LEGAL REPRESENTATIVE INFORMATION, IF APPLICABLE

Guardianship or Power of Attorney documentation should be included with the submitted packet.

Name: ______ (First) ______ (Last)

Home Address: ______ (Street) ______ (City) ______ (State) ______ (Zip Code)

Mailing Address ☐ **If different** ______ (Street) ______ (City) ______ (State) ______ (Zip Code)

Phone Number: ______ **Cell#:** ______

Email: ______

VENDOR INFORMATION

VENDOR 1

Name: ______

Phone Number: ______ **Email:** ______

VENDOR 2

Name: ______

Phone Number: ______ **Email:** ______

PARTICIPANT-HIRED WORKER INFORMATION

PHW 1

Name: ______ (First) ______ (Last)

Phone: ______ **Email:** ______

PHW 2

Name: ______ (First) ______ (Last)

Phone: ______ **Email:** ______

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): John Doe

3 Trade name (if any):

4 Address: 123 S Maple St

Number Street Suite or room number

Madison | WI | 53708

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. *(Check all that apply.)*

	For ALL employees/payees/payments	For SOME employees/payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	☑	☐
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	☑	☐
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	☐	☐
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	☐	☐
Form 945, Annual Return of Withheld Federal Income Tax	☐	☐
Form CT-1, Employer's Annual Railroad Retirement Tax Return	☐	☐
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	☐	☐

* Generally, you can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

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

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

X **Sign your name here** John Doe

Print your name here: John Doe

Print your title here: HCSR EMPLOYER

Date: 01/23/25

Best daytime phone: (608) 555-2323

Now give this form to the agent to complete.

Form **SS-4** (Rev. December 2023) Department of the Treasury Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
See separate instructions for each line. Keep a copy for your records.
Go to *www.irs.gov/FormSS4* for instructions and the latest information.

OMB No. 1545-0003

EIN

Type or print clearly.

Employer's Name Here

1 Legal name of entity (or individual) for whom the EIN is being requested
John Doe

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.)
123 S Maple St

4b City, state, and ZIP code (if foreign, see instructions)
MESA, AZ 85206-4704

5b City, state, and ZIP code (if foreign, see instructions)
Madison WI 53708

Employer's City, St, Zip Here

Employer's County & State Here

6 County and state where principal business is located
Dane WI

Employer's Name Here

7a Name of responsible party
John Doe

7b SSN, ITIN, or EIN
321-56-9876

Employer's SSN Here

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ Yes ☑ 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? ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution:** If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed)
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify)
- ☑ Other (specify) HCSR EMPLOYER
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ Military/National Guard
- ☐ State/local government
- ☐ Farmers' cooperative
- ☐ Federal government
- ☐ REMIC
- ☐ Indian tribal governments/enterprises

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)

- ☐ Started new business (specify type)
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☑ Other (specify) HCSR EMPLOYER
- ☐ Banking purpose (specify purpose)
- ☐ Changed type of organization (specify new type)
- ☐ Purchased going business
- ☐ Created a trust (specify type)
- ☐ Created a pension plan (specify type)

11 Date business started or acquired (month, day, year). See instructions.

12 Closing month of accounting year DECEMBER

14 Reserved for future use

13 Highest number of employees expected in the next 12 months (enter -0- if none).

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.

- ☐ Health care & social assistance
- ☐ Wholesale-agent/broker
- ☐ Construction
- ☐ Rental & leasing
- ☐ Transportation & warehousing
- ☐ Accommodation & food service
- ☐ Wholesale-other
- ☐ Retail
- ☐ Real estate
- ☐ Manufacturing
- ☐ Finance & insurance
- ☑ 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? ☐ Yes ☑ No
If "Yes," write previous EIN here

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name: JARED ENDERS, SUNNY HUDSON
Designee's telephone number (include area code): (623) 792-6100

Address and ZIP code: 5416 E BASELINE RD STE 200, MESA, AZ 85206-4704
Designee's fax number (include area code): (480) 371-2241

Telephone number required

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.

Name and title (type or print clearly) John Doe HCSR EMPLOYER

Applicant's telephone number (include area code) (608) 555-2323

Applicant's fax number (include area code)

Employer Sign Here

Signature John Doe

Date 01/23/2025

Employer's Date Here

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.

Worker’s Compensation
Claim Reporting Guidelines for Employees

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

• If the injury or accident is of a serious nature, seek medical attention immediately.
• Employees must report the injury immediately to their employer.
• Employers must report the injury as soon as possible even if it is a weekend or holiday to the Acumen Workers' Compensation Department.
• To report to Acumen, call 866-472-2297. If you get voicemail when you call, leave a message with your name, call back number, state you are located in, a brief description of the incident and if the injury is of a serious nature (including hospitalization (not ER room & home release), immediate surgery status, critical care or death) .
• Messages of injuries of a serious nature will be returned even on a weekend or holiday. All other messages will be returned the following business day.

Timely reporting of any injury that goes beyond First Aid treatment to Acumen's Workers' Compensation Department is important. When reporting, be prepared with the following information:

• Time & place the incident occurred as well as how it occurred.
• Explain in as much detail as possible what happened to cause the injury.
• Take pictures of the area where the incident occurred, if you are able to do so, and any other photos you are able to obtain that may be helpful to the claim.

Contact Acumen's Workers' Compensation Administrator. Direct line is 866-472-2297.