

Member Authorization Packet

AS shown on Social Security Card: _____ GRDN/POA: _____

Member First Name: _____ Middle Initial: _____ Last Name: _____

Member Date of Birth: _____ Member Social Security Number: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

County: _____ Member Physical Address: (if different than above): _____

Phone Number: _____ E-mail address: _____

1. I, _____, authorize LKiChoice to act as Fiscal Agent including but not limited to, file returns, make deposits, or payments of employment taxes, apply for Federal Employer Identification Number, and access any prior payroll records to ensure accuracy.
2. I, _____, authorize my funding source to release a copy of my current POA or Guardianship documents to LKiChoice.
3. OPTIONAL: LKiChoice offers online Web Entry to log and approve hours in place of a paper timesheet. To use Web Entry, both member and employee will need a valid email and agree to use Web Entry. Would you like the Web Entry log-in information emailed to you once we have an approved fiscal start date? Yes No
4. OPTIONAL I, _____, give permission to LKiChoice to release authorization details, employee information, and any changes to _____ Phone: _____. I understand that this release is voluntary, and I can revoke this at any time by a written request to LKiChoice.
5. OPTIONAL: I, _____, authorize _____ Phone: _____ to sign my employee's timesheets if I or my Guardian/POA should become incapacitated, or upon my or their death, to avoid timesheets going through the estate process.
6. OPTIONAL: LKiChoice follows all Civil Rights Compliance and Equal Opportunity regulations. The questions below are used only for government reporting requirements. You can choose to answer or not answer these questions.

GENDER: Male Female

PRONOUNS: _____

LANGUAGE: English Spanish Hmong Other _____

ETHNICITY: Hispanic Non-Hispanic

RACE: Black/African American American Indian/Alaskan Native Asian White

Native Hawaiian/Pacific Islander Other _____

X Employer or Guardian/POA _____ Date _____



Member Authorization Packet

This agreement is between LKiChoice and employer/member _____. This agreement helps the employer and LKiChoice understand their roles and responsibilities related to the fiscal employment agency program.

MEMBER/EMPLOYER or GUARDIAN/POA Roles and Responsibilities

1. Complete all forms required to enroll in the fiscal employment program.
2. The employee is not to start until all paperwork has been completed and a start date is given to employer and employee by the fiscal agent, LKiChoice.
3. Make sure that LKiChoice has a copy of your current Guardian or POA, if applicable.
4. Understand that the member is the employer of record who chooses their employees, not LKiChoice. LKiChoice will assist with administrative tasks and perform payroll services for the employees hired by the employer.
5. As the employer, you are responsible for:
 - Screening, hiring, training, and supervision of their employees.
 - The actions of their employees.
 - Actions taken as an employer towards their employees.
6. Follow all Federal and State regulations regarding employment processes, equal employment opportunities, non-discrimination, and all other laws to ensure that fair and consistent practices are being used.
7. Report current charges or pending allegation of abuse or neglect regarding your employee to your Care Manger or LKiChoice.
8. Responsible for informing LKiChoice of employee employment status changes.
9. Ensure employee reports work-related injury within 24 hours to LKiChoice 1-844-534-7225.
10. Follow the authorizations required by your funding source.
11. To ensure accurate record-keeping, carefully review each entry on the timesheet for correctness. Once satisfied, sign the document and date using blue or black ink only. It's essential for employees to use only blue or black ink as well. Make sure to complete this process after or on the last date of service for the current pay period.
12. If applicable, ensure employees are using Electronic Visit Verification (EVV). Required codes are: S5125, S5126, T1019, and T1020. As needed, aid LKiChoice with EVV corrections.
13. Be aware of fraud and abuse. Do not sign timesheets with incorrect hours or false information that could lead to inaccurate payment. If you have concerns about timesheets, contact LKiChoice.
14. If an error occurs with the processing of payroll, you and your employees will be expected to aid in the correction of the error.
15. Responsible for informing LKiChoice of any employees who do not work for 60 days or more.
16. Understand that if no person is designated on the LKiChoice Member Authorization form to sign off on employee timesheets, due to incapacitation or death, your employees will need to wait to be paid until a person from your estate is deemed legally responsible to sign the employee(s) timesheets.



Fiscal Employment Agency Roles and Responsibilities

1. Provide and coordinate required paperwork necessary to enroll employer and employees.
2. Apply for Federal Identification Number, workers compensation, and process paperwork required for the fiscal agent program.
3. Pay authorized wages to the employees according to approved and timesheets.
4. File monthly tax reports and make appropriate tax payments to include State income tax, Federal income tax deposits, and tax levies, garnishments, and court ordered deductions.
5. File quarterly tax reports and make appropriate tax payments to include form 941 Employer Tax Report, Schedule R, SUTA Tax-Form UCT 101, and State wage reporting.
6. File annual tax reports and make appropriate tax payments to include Federal W-2, W-3, FUTA 940, Schedule R, State of Wisconsin WT-7, and check issuance of refundable FICA tax to Employees under the annual threshold.
7. Maintain payroll records for employer and provider in accordance with State and Federal laws and regulations.
8. Submit claims to the funding agency on behalf of the member.
9. Inform member and Care Manager when hours exceed the authorization.
10. Inform the member of our Fiscal Agent portal – a tool they can use to assist them with trainings and other employer-related functions.
11. Provide excellent customer service so the member can achieve great outcomes.

Summary: The member is the employer of record and is responsible for all personnel practices and their employees. The Fiscal Agent relationship of LKiChoice, to the member, is that of performing limited administrative tasks and payroll services for the member and their employees. Neither party is an employee or representative of the other party.

LKiChoice is not responsible for any lawsuits or claims resulting from the actions of the member employee(s) of the member. Any damages or costs incurred, including the costs of corporate counsel, will be paid for by the member.

Signatures and dates below indicate understanding and acceptance of agreement.

X Employer or Guardian/POA _____ Date _____

Lori Knapp Richland, Inc. Representative _____ Date _____



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

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <p style="text-align:center;">HCSR</p>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 106 S. Beaumont Rd	5a Street address (if different) (Don't enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Prairie du Chien, WI 53821	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <p style="text-align:center;">County, WI</p>	
	7a Name of responsible party <p style="text-align:center;">HCSR</p>	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 <p style="text-align:right;">0</p>	
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" 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 <input type="checkbox"/> 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 <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	
0	0	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		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <p style="text-align:center;">HCSR</p>		
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 Jennifer Jeidy	Designee's telephone number (include area code) 608-326-0434
	Address and ZIP code 106 S. Beaumont Rd, Prairie du Chien, WI 53821	Designee's fax number (include area code) 1-844-634-7225
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. December 2023) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you're an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note: This appointment isn't effective until we approve your request. See the instructions for more information.

- If you're an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you're filing this form.

(Check one)

- You want to **appoint** an agent for tax reporting, depositing, and paying.
- You want to **revoke** an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

		-							
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2 Employer's or payer's name
(not your trade name)

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

Best daytime phone

608-326-0434

Now give this form to the agent to complete.