

# FW CONSULTING DHFS CONSUMER/PROVIDER CHECKLIST

Employer | Employee

- [ ] [ ] – NEW – Complete form and attach all required documents.
- [ ] [ ] – CHANGE – Enter Employer/Employee Name and items being changed.
- [ ] [ ] – CLOSE – Enter Employer/Employee Name and effective date

Effective Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

NOTES:

**EMPLOYER (CHILD) NAME:** \_\_\_\_\_

**EMPLOYER ADDRESS:** \_\_\_\_\_  
APT \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PHONE NUMBER:** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMAIL ADDRESS:** (Required for time approval) \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **MCI NUMBER:** \_\_\_\_\_

**SERVICE COORDINATOR NAME:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

Would the Employer like to be notified of potential Providers in their area? [ ] YES

**EMPLOYEE (PROVIDER) NAME:** \_\_\_\_\_

**EMPLOYEE ADDRESS:** \_\_\_\_\_  
APT \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**PHONE NUMBER:** (\_\_\_\_) - \_\_\_\_ - \_\_\_\_ **DATE OF BIRTH:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**EMAIL ADDRESS:** (Required for time approval) \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **EMPLOYEE START DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SERVICE CODE:** \_\_\_\_\_ **MODIFIER/ACUITY LEVEL:** \_\_\_\_\_ **RATE OF PAY:** \_\_\_\_\_

**SERVICE CODE:** \_\_\_\_\_ **MODIFIER/ACUITY LEVEL:** \_\_\_\_\_ **RATE OF PAY:** \_\_\_\_\_

Rate of pay should be without tax.

**RELATIONSHIP TO EMPLOYER:** \_\_\_\_\_

Are you related to the Consumer?  NO  YES If yes, check your Relationship to the Consumer in the appropriate box below:

- [ ] Grandparent (Exempt, SUTA only) [ ] Sibling [ ] Other \_\_\_\_\_

Would the Employee like to be added to a list used to match them with other potential Consumers in their area? [ ] YES

Name Change: [ ] From: \_\_\_\_\_ To: \_\_\_\_\_

### ATTACH REQUIRED INFORMATION

**EMPLOYER (CONSUMER)**

- Form 2678 – Employer/Payee Appointment of Agent
- Form SS-4 – Application for Employer Identification Number

**EMPLOYEE (PROVIDER) - A START DATE WILL NOT BE GIVEN UNTIL ALL FORMS ARE COMPLETED, SIGNED AND RETURNED**

- W-4 Employee Federal Tax Withholding
- WT-4 Employee Wisconsin Withholding Exemption (if not received, W-4 will be used)
- I-9 Employment Eligibility Verification (**signed by Employee AND Employer**)
- Direct Deposit Authorization (include a Voided Check or Letter from Bank with Routing Number and Account Number for verification)
- Background Information Disclosure (BID) Form
- Participant Specific Training Certification (**signed by Employee AND Employer**)
- [ ] Transportation Verification – if providing transportation, include a copy of current driver’s license and current vehicle insurance card

**Return this completed checklist and your forms to your case manager.**

# Application for Employer Identification Number

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

▶ Go to [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4) for instructions and the latest information.  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

EIN

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested <span style="float: right; color: red;"><b>Enter Child's Information</b></span>				
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name			
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Do not enter a P.O. box.)			
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)			
	<b>6</b> County and state where principal business is located				
	<b>7a</b> Name of responsible party	<b>7b</b> SSN, ITIN, or EIN			
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>8b</b> If 8a is "Yes," enter the number of LLC members ▶				
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.					
<input checked="" type="checkbox"/> <b>Sole proprietor (SSN)</b> <span style="margin-left: 100px;">Enter Child's SSN</span> <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 type="checkbox"/> Other (specify) ▶ <span style="float: right;">Group Exemption Number (GEN) if any ▶</span>					
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country			
<b>10</b> <b>Reason for applying</b> (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 Other <input type="checkbox"/> Purchased going business					
<input checked="" type="checkbox"/> (specify) ▶ <b>HOUSEHOLD EMPLOYER</b> <input type="checkbox"/> Created a trust (specify type) ▶					
<input type="checkbox"/> Created a pension plan (specify type) ▶					
<b>11</b> Date business started or acquired (month, day, year). See instructions.	<b>12</b> Closing month of accounting year				
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.	<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> 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"/>				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">Agricultural</td> <td style="width:33%; text-align: center;">Household</td> <td style="width:33%; text-align: center;">Other</td> </tr> </table>	Agricultural	Household	Other		
Agricultural	Household	Other			
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶					
<b>16</b> Check <b>one</b> 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 type="checkbox"/> Other (specify) ▶					
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.					
<b>18</b> 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 ▶					
<b>Third Party Designee</b>	Complete this section <b>only</b> 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 FW Consulting DHFS, LLC	Designee's telephone number (include area code) 608-274-4020			
	Address and ZIP code 2921 Landmark Place, Suite 300 Madison, WI 53713	Designee's fax number (include area code) 608-308-1617			
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.					
<b>Name and title</b> (type or print clearly) ▶		Applicant's telephone number (include area code) *			
Signature ▶ *		Applicant's fax number (include area code) *			
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.**

**For IRS use:**

- 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.

**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)\*FW Consulting will obtain the EIN**   -

**2 Employer's or payer's name** (not your trade name) **Enter your child's 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.)

	<b>For ALL employees/ payees/payments</b>	<b>For SOME employees/ payees/payments</b>
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**  Employer/Parent

**Best daytime phone**

**Now give this form to the agent to complete.** ➔