Lori Knapp CHOICE™
Part of the AssuranceSD Family

PARTICIPANT PACKET PAPERWORK CHECKLIST

DOCUMENT NAME	REQUIRED / OPTIONAL
Participant Authorization Form	Required
Roles and Responsibilities Form	Required
Form SS-4: Application for Employer Identification Number	Required
Form 2678: Employer/Payer Appointment of Agent	Required

NOTE:

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing. The following pages must be completed.

For questions, please call 608.326.0434 and ask for _____.

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PARTICIPANT PACKET
PARTICIPANT AUTHORIZATION

PARTICIPANT INFORMATION: (Please include information as it appears on Social Security Card)

Participant Full Name: _____ _____ _____
First MI Last

Guardian/POA (if applicable): _____

Mailing Address: _____ _____ _____ _____
Address City State Zip

Physical Address (if different): _____ _____ _____ _____
Address City State Zip

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

Phone Number: _____ Email Address: _____

1. I, _____, authorize Lori Knapp Choice™ 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 Lori Knapp Choice™.
3. **OPTIONAL:** Lori Knapp Choice™ offers online Web Entry to log and approve hours in place of a paper timesheet. To use Web Entry, both Participant and Direct Care Worker/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 Lori Knapp Choice™ to release authorization details, employee information, and any changes to _____. I understand that this release is voluntary, and I can revoke this at any time by a written request to Lori Knapp Choice™.
5. **OPTIONAL:** I, _____, authorize _____ 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:** Lori Knapp Choice™ 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: ☐ American Indian/Alaskan Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Pacific Islander ☐ White ☐ Other: _____

Participant or Guardian/POA Signature: _____ Date: _____

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PARTICIPANT PACKET
ROLES AND RESPONSIBILITIES

Participant/Employer Name: _____.

PARTICIPANT OR GUARDIAN/POA ROLES AND RESPONSIBILITIES:

1. Complete all forms required to enroll in the fiscal employment program.

2. The Direct Care Worker/Employee is not to start until all paperwork has been completed and a start date is given to the Employer and Employee by the fiscal agent, Lori Knapp Choice™.

3. Make sure that Lori Knapp Choice™ has a record of your current Guardian or POA, if applicable.

4. Understand that the Participant is the Employer of Record who chooses their employee(s), not Lori Knapp Choice™. Lori Knapp Choice™ will assist with administrative tasks and perform payroll services for the employee(s) hired by the Employer.

5. As the Participant/Employer, you are responsible for:
    - Screening, hiring, training, and supervision of your employee(s).
    - The actions of your employee(s).
    - Actions taken as an employer towards your employee(s).

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 used.

7. Report current charges or pending allegation of abuse or neglect regarding your employee to your Care Manager or Lori Knapp Choice™.

8. Responsible for informing Lori Knapp Choice™ of employee employment status changes.

9. Ensure employee reports work-related injury within 24 hours to Lori Knapp Choice™ by calling us at 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. Make sure to complete this process after or on the last date of service for the current pay period.

12. If applicable, ensure employee(s) are using Electronic Visit Verification (EVV). Required codes are: S5125, S5126, T1019, and T1020. As needed, aid Lori Knapp Choice™ 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 Lori Knapp Choice™.

14. If an error occurs with the processing of payroll, you and your employee(s) will be expected to aid in the correction of the error.

15. Responsible for informing Lori Knapp Choice™ of any employee(s) who do not work for 60 days or more.

16. Understand that if no person is designated on the Lori Knapp Choice™ Member Authorization form to sign off on Employee timesheets, due to incapacitation or death, your employee(s) 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 the required paperwork necessary to enroll the Employer and their employee(s).
2. Apply for Federal Identification Number, workers compensation, and process paperwork required for the fiscal agent program.
3. Pay authorized wages to the employee(s) 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 Employee(s) 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 Participant.
9. Inform Participant and Care Manager when hours exceed the authorization.
10. Inform the Participant 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 Participant can achieve great outcomes.

Summary: The Participant is the Employer of Record and is responsible for all personnel practices and their Employee(s). The Fiscal Agent relationship of Lori Knapp Choice™, to the Participant, is that of performing limited administrative tasks and payroll services for the Participant and their Employee(s). Neither party is an employee or representative of the other party.

Lori Knapp Choice™ is not responsible for any lawsuits or claims resulting from the actions of the Employee(s) of the Participant. Any damages or costs incurred, including the costs of corporate counsel, will be paid for by the Participant.

Signatures and dates below indicate understanding and acceptance of agreement.

Participant or Guardian/POA Signature: _____ Date: _____

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.

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

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
County, WI

7a Name of responsible party

7b SSN, ITIN, or EIN

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 0

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
- ☐ Estate (SSN of decedent) _____
- ☐ Plan administrator (TIN) _____
- ☐ Trust (TIN of grantor) _____
- ☐ Military/National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government
- ☐ 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
- ☐ 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

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
0	0	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 will generally be $1,000 or less if you expect to pay $5,000 or less, $6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. ☐

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.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale—agent/broker ☐ Wholesale—other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) HCSR

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR

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
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.

Name and title (type or print clearly) HCSR

Applicant's telephone number (include area code)

Signature

Date

Applicant's fax number (include area code)

Form 2678 Employer/Payer Appointment of Agent

(Rev. December 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

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)

- [x] 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)	[x]	[ ]
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	[x]	[ ]
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.

- [x] 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

Print your name here

Print your title here HCSR

Date / /

Best daytime phone

Now give this form to the agent to complete.