



Financial & Payroll Services for the Nonprofit Sector

Enrollment Forms for:

GWAAR VD-HCBS Program Employers

This packet contains the necessary forms and instructions that will authorize ARIS Solutions to act in your behalf as your Financial Management Service provider.

ALL FORMS MUST BE SIGNED/DATED AND RETURNED TO ARIS SOLUTIONS

- ☐ Employer Confirmation of Receipt
- ☐ Fraud & Abuse Statement
- ☐ HIPAA Notice of Privacy Practices & Agreement
- ☐ Employer / Veteran Information Form
- ☐ Form SS-4 - Application for Employer Identification Number
 - ❖ Form SS-4 allows ARIS to request a Federal Employer Identification Number from the IRS for you.
- ☐ Form 2678 - Employer/Payer Appointment of Agent
 - ❖ Allows ARIS to file your employment tax forms.
- ☐ Form 8821- Tax Information Authorization
 - ❖ Allows ARIS to receive & review copies of tax filings from the IRS.
- ☐ State Tax Forms
 - ❖ Application for Wisconsin Business Tax Registration (Form BTR-101)- to setup a Withholding account with the Wisconsin Department of Revenue on your behalf.
 - Wisconsin Department of Revenue "Power of Attorney" (Form A-222) - this allows ARIS to speak with the Department of Revenue on your behalf about withholding tax.
 - ❖ Application for account with Wisconsin Department of Labor and Workforce Development (Form UCT-5332)- to apply for an unemployment insurance account number on your behalf.
 - Employer Power of Attorney Assignment (Form UCT-8291-E) - this allows ARIS to speak with the Department of Labor and Workforce Development on your behalf.

If you have questions contact the Veteran Department at 866.970.3301

Return Packet to: ARIS Solutions-Veteran Program

PO Box 4409
White River Jct., VT 05001
Phone: 866.970.3301 (toll free)
Fax: 802.295.9812
Email: veteranpayroll@arissolutions.org



New Employer/Veteran Information

You are now an Employer!

Welcome to the Veteran Directed Home and Community Based Services Program employment model. You will now manage and direct the services you receive or the services the Veteran you represent receives. In this employer model you, or a representative who you appoint, are the employer and you direct the work of your employee.

The Role of ARIS Solutions as Your Financial Management Services "FMS" Provider

ARIS Solutions will serve as your FMS Provider to support you and complete many of the administrative employer obligations. This means that ARIS will process your timesheets, conduct criminal background checks on potential employees manage your employer tax responsibilities on the federal and state level, apply for workers compensation insurance, and pay your employees.

Roles and Responsibilities Chart

Your Role (as Employer)	Employee's Role (as Employee)	ARIS Solutions' Role (as FMS Provider)
Select and hire an employee Schedule employees (staying within your authorized budget) Train employees Sign timesheets Review employees job performance	Meet your requirements for hiring Complete required employment paperwork Submit a background check Submit signed timesheets to ARIS	Assist with paperwork, as needed Establish you as an employer Establish your worker as your employee Conduct criminal background checks
Dismiss employees Establish clear boundaries Let your employee know what the rules are and what their responsibilities are Prevent fraud	Respect employer's boundaries, rules and responsibilities Provide home care services to your employer as directed by your employer Prevent fraud	Provide payroll services Prepare and disburse payroll checks Pay employer taxes Prepare year-end tax reports Apply for and secure Workers Compensation insurance on behalf of the employer

The hiring process

ARIS Solutions will assist you, as needed, with all of the paperwork necessary to establish you as an employer and establish your worker as your employee.

Payroll services

ARIS Solutions will prepare and disburse payroll checks and year-end tax statements. In addition, ARIS will pay all employer taxes, withhold employee taxes, and submit tax withholding statements to the appropriate government agencies. If your employee ever needs employment verification ARIS will handle that as well, just forward the request via fax/email/ mail.

Contact Information

You can remove this page from the packet and post it somewhere prominent so you always have the information you need to contact the resources you need.

ARIS Solutions-Veteran Program staff is available for support Monday through Friday from 8:00 am to 4:00pm (EST) and can be reached at **866.970.3301** (toll free).

ARIS Solutions is not open on state or federal holidays.

Veteran Program Team

Topic	Resource	Contact Info
Veteran Program Director	Theresa Danforth	theresad@arissolutions.org
Veteran Program Specialist *Employer questions/concerns	Emilie Donka	emilied@arissolutions.org
Veteran Program Payroll Specialist (s)	Megan Whiton Janet Allen	meganw@arissolutions.org janeta@arissolutions.org



ARIS Solutions
Financial & Payroll Services for the Nonprofit Sector



ARIS Solutions

PROGRAM INTEGRITY and FRAUD PREVENTION

Maintaining and improving program integrity is one of the most important aspects of the Veteran Directed Program. Program integrity including fraud prevention is critical to sustaining this program model. Participants, authorized representatives, and providers are vital to preventing fraud and maintaining program integrity.

Fraud and abuse with funds from the Veteran's Administration can cost billions of dollars each year, diverting funds that could otherwise be used for additional services or to assist more people that need care. As a participant, authorized representative, care provider or recipient of funds, you must comply with all State and Federal laws and prevent misuse or fraud of any funds within this programs. Honesty and integrity are expected of all who participate in the Veteran Directed Program.

Examples of Fraud and Abuse Include

- Submitting timesheets for services not actually provided
- Approving/authorizing hours that employees didn't actually work
- Recording more time or stating different times than you actually work
- Changing hours on a timesheet after it has been approved
- Not providing the services the veteran needs
- Falsifying a worker's compensation claim
- Falsifying or misrepresentation on applications or documentation
- Billing for services while in the hospital or other care facility
- Submitting twice for the same service
- Requiring an employee to "share" their paycheck with the employer

Results

Fraud is a felony conviction that can lead to substantial penalties, including imprisonment of up to ten years, or a fine of up to \$1,000 or an amount equal to twice the amount of assistance or benefits wrongfully obtained, or both. If convicted of fraud you may be excluded for a minimum of five years from any employment with a program or facility that receives Medicaid funding.

REPORTING

If you suspect or know of fraud or abuse occurring, it is your duty and responsibility to report this immediately to the Association of Area Agency and the Veteran's Administration. Or call ARIS Solutions at 802.280.1911 and the proper people will be contacted.



ARIS

Solutions

Employer Confirmation of Receipt

I, _____, have read the "Program Integrity and Fraud Prevention" documents provided by ARIS Solutions.

I understand and accept my role or my designated representative's role as an employer in the Veteran Directed Program employment model.

I acknowledge that I am the employer of any employee I may choose to hire to provide home health care service in the Veteran Directed Program employment model.

I understand I am responsible for hiring, firing, training, and supervising my employees, as well as, maintaining program integrity by preventing and reporting fraud.

I understand and acknowledge that as a FMS Provider, ARIS Solutions, **will not** act as the employer of any employee I may choose to hire through this program.

Signed,

Signature of Employer

Date



FRAUD & ABUSE STATEMENT

Fraud is defined as **recklessly or purposefully** making false statements or representations to obtain some benefit or payment that you would not be entitled to without those statements or facts. These acts may be committed either for the person's own benefit or for the benefit of someone else. In other words, fraud includes the obtaining of something of value through misrepresentation or concealment of facts. Fraud is committed when a person or business deceives or distorts facts or information to get something they would not be otherwise entitled to. Fraud can range from a solo act to a broad-based operation by an institution or a group. Anyone can commit fraud.

Examples of Medicaid/Veteran Administration Fraud include, but are not limited to:

- Knowingly and/or purposefully filling out an employee timesheet incorrectly for hours or services that were not provided during the times listed or on the day listed;
- Knowingly and/or purposefully allowing the Vendor F/EA FMS-Support Broker entity to bill Medicaid/Veteran Administration for services that were not provided;
- Knowingly and/or purposefully using the Veteran's budget for any other purpose than what has been approved in the Veteran's service plan.
- Knowingly and/or purposefully allowing an employee to document services or hours that were not provided.
- Knowingly and/or purposefully submitting invoices to the Vendor F/EA FMS-Support Broker entity for goods and services that were not provided.
- Knowingly and/or purposefully having the Vendor F/EA FMS-Support Broker entity pay an employee or vendor for goods and/or services actually provided by someone else. (This is also tax fraud.)
- Knowingly and/or purposefully making a "side deal" with an employee to split their pay check with the Veteran or his/her representative. (This is also tax fraud).
- Knowingly or purposefully withholding information from authorities during an investigation
- Knowingly and/or purposely having the Vendor F/EA FMS-Support Broker entity pay for an approved good included in the Veteran's budget, and then return the approved good to get the cash or use it for something else that has not been approved.

Abuse is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to Medicaid/Veteran Administration and other programs, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary costs to the Medicaid/Veteran Administration program.

Examples of Medicaid/Veteran Administration Abuse include:

- Making errors when filling out the employee's timesheet and not immediately reporting the error to the Vendor F/EA FMS-Support Broker entity to remedy the situation.
- Being late in handing in Veteran/representative-employer related paperwork to the Vendor F/EA FMS-Support Broker entity.

The difference between Fraud and Abuse

Fraud is anything intentionally, purposefully or recklessly done to get something for your own benefit that you normally would not be entitled to. Abuse is anything that wasn't done intentionally or purposefully but was still completed incorrectly for your own benefit and not immediately reported.

Medicaid/Veteran Administration Fraud and Abuse is a crime against all taxpayers and is both a state and federal offense. All reports or allegations of fraud and abuse within the Veteran Directed Home and Community Based Services Program will be referred to the Veteran's Administration for possible criminal investigation. Veteran's suspected of Medicaid/Veteran Administration Fraud or Abuse also face termination from the Veteran Directed Home and Community Based Services Program.

Veteran's Signature

Date

Authorized Representative Signature

Date

FMS Provider Signature

Date



ARIS Solutions

HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT

This notice describes how medical information about you may be used and disclosed and how we may obtain access to this information. *Please review it carefully & keep for your records.*

DEFINITION OF MEDICAL INFORMATION

When ARIS Solutions/ VDH CBS Program refers to medical information, we mean protected health information (PHI). PHI is information that is individually identifiable health information including demographic information collected.

USES AND DISCLOSURES OF PHI

Health Care Operations- Your medical information may be used and disclosed in connection with our health care operational including:

- *Case management and care coordination.*
- *Quality assessment and improvement activities and protocol assessment.*
- *Reviewing the competence or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification activities, and credentialing activities.*
- *Conducting legal services, compliance programs, fraud and abuse detection*
- *Business planning and development.*

Additional disclosures-PHI may be disclosed;

- *To another entity that has relationship with the organization for their health care operations relating to quality improvement and assessment activities, reviewing competence or qualifications of health care professionals.*
- *To other entities that assist us in conducting our health care operations.*

We will not disclose your medical information to those persons or entities unless they agree to keep it protected.



ARIS Solutions

HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT continued...

For the Public Benefit- as authorized by law for the following purposes:

- *As required by law*
- *For public health activities, including disease and vital statistic reporting, FDA oversight, and for work related illness or injury*
- *To health oversight agencies*
- *In response to court and administrative orders*
- *To avert a serious threat to health and human safety*

Your written authorization is required for all other uses and disclosures of your PHI. You may revoke your authorization at any time. However, your revocation will not affect any use or disclosure you permitted to your revocation.

YOUR RIGHTS

Access to your information — *You have the right to inspect or obtain a copy of the medical information about you that is contained in a “designated record set”. The organization may ask you to submit your request in writing.*

Accounting of disclosures – *You have the right to receive a list of instances in which we or our associates disclosed your PHI for purposes other than health care operations or those authorized by you.*

Confidential Communication – *You have the right to request that we communicate with you about your PHI by a different means or at a different location. You make this request in writing.*

Amending your PHI – *You have the right to request that we amend your PHI contained in the “designated record set” if it is not correct or complete. We may require that this request be in writing.*

Complaints – *You have the right to file a complaint if you believe your privacy rights have been violated. You may file this complaint with ARIS Solutions/ VDHCB Program and/or the Secretary of the Department of Health and Human Services. All complaints to ARIS Solutions/ VDHCB Program must be made in writing. We support your right to protect your PHI.*

PLEASE KEEP THIS FOR YOUR RECORDS



ARIS Solutions

HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT

PLEASE SIGN/DATE & RETURN TO ARIS SOLUTIONS

At ARIS Solutions/ VDHCB Program, we respect the confidentiality of your medical information and will protect information in a responsible manner. We have a privacy program in place that meets the requirements of HIPAA, the government legislation that sets standards for the privacy of medical information.

*This notice will be effective for all medical information that we maintain, including medical information we created or received before _____ (date)
 _____(initials)*

HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have been provided with a notice of privacy practices and have been advised of how health information about me may be used and disclosed by ARIS Solutions/ VDHCB Program and how may I obtain access to and control of this information.

Signature of Employer

Date



ARIS Solutions



Name _____

(Last) (First) (Middle)

Address _____
(Street) (Apt) (City) (State) (Zip)

Phone () _____ Email _____

DOB / / Social Security Number - -

FEIN (If previously issued) _____

Relationship to Veteran _____

Veteran IS EMPLOYER	YES	NO
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If yes please skip next section.

Name _____

Address

(Street) (APT) (City) (State) (Zip)

Phone () _____

Date of Birth _____

Social Security Number

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

▶ 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 HHCSR					
	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) ARIS SOLUTIONS, PO BOX 4409		5a Street address (if different) (Do not enter a P.O. box.)			
	4b City, state, and ZIP code (if foreign, see instructions) WHITE RIVER JUNCTION, VT 05001		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 ▶			
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. <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 ▶						
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 checked="" type="checkbox"/> Started new business (specify type) ▶ PERSONAL CARE/HOME CARE <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ <input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <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 JUNE				
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</td><td>Household</td><td>Other</td></tr></table>		Agricultural	Household	Other	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	Household	Other				
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 checked="" type="checkbox"/> Other (specify) ▶ Home & Community based personal care <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail						
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HOME AND COMMUNITY BASED PERSONAL CARE TO VETERAN PARTICIPANT.						
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 ARIS SOLUTIONS FISCAL AGENT		Designee's telephone number (include area code) 802-280-1911			
	Address and ZIP code PO BOX 4409 WHITE RIVER JUNCTION VT 05001		Designee's fax number (include area code) 802-295-9812			
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
--	---------------------------------------	--

Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*
 Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)
 Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)
 Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)
 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)

<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<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

Print your name here

Print your title here

 HHCSR

Date

 / /

Best daytime phone

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)**

3	6	-	4	8	7	2	6	1	5
---	---	---	---	---	---	---	---	---	---

7 Agent's name (not trade name)

ARIS SOLUTIONS FISCAL AGENT- Wisconsin

8 Trade name (if any)

ARIS SOLUTIONS FISCAL AGENT- Wisconsin

9 Address

PO BOX 4409

Number

Street

Suite or room number

WHITE RIVER JUNCTION

VT

05001

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

JASON RICHARDSON

Print your title here

CHIEF OPERATING OFFICER

Date

/ /

Best daytime phone

802-280-1911

Form **2678** (Rev. 8-2014)

Tax Information Authorization

► 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.
► Do not use Form 8821 to request copies of your tax returns
or to authorize someone to represent you.

OMB No. 1545-1165

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date _____

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

Taxpayer name and address

Taxpayer identification number(s)

Daytime telephone number

Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ► ☐

Name and address

ARIS SOLUTIONS FISCAL AGENT
PO BOX 4409
WHITE RIVER JUNCTION, VT 05001

CAF No. _____

PTIN _____

Telephone No. _____

866-970-3301

Fax No. _____

802-295-9812

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
EMPLOYMENT	941, 940, 941R, 941X, W2, W3	2018-2021	TAX LIABILITY
	W2C		

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 prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box is not checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain. ► ☐

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 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 COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

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

Signature

Date

HHCSR

Print Name

Title (if applicable)

Application for Wisconsin Business Tax Registration

Space for department use

- Apply online at tap.revenue.wi.gov/btr for quicker service.
- Complete this application for a Wisconsin tax permit. Use BLACK ink.
- Allow 15 business days for processing of paper applications; two business days for online applications.

Wisconsin Department of Revenue
PO Box 8902
Madison WI 53708-8902
(608) 266-2776
FAX (608) 264-6884

Part A. Reason for Application – All applicants (check one)

- ☒ First time registering for a tax permit.
- ☐ Already registered. Adding a permit. → Enter your Wisconsin Tax Number X X X - _____ - X X
- ☐ Adding additional sales location. If you are already registered and have no changes to Part C, complete Schedule 1 only.

Part B. Tax Permit(s) – All applicants (check all that apply)

- ☒ Wisconsin Withholding Tax – Required for employers withholding WI income tax
- ☐ Seller's Permit – Required for retailers making taxable retail sales from a WI location
- ☐ Use Tax Certificate – Required for out-of-state retailers required or electing to collect use tax
- ☐ Consumer's Use Tax Certificate – Required for purchasers with regular use tax, no sales tax
- ☐ Other Business Taxes – Check if you answered Yes in Part E

Fees – A \$20 fee applies to the first tax permit only.

There is no charge for additional tax permits for this business.

Note – There is no fee for a consumer's use tax certificate.

Part C. Business Information – All applicants

Legal name (Sole proprietors enter your last, first, MI)		FEIN		SSN (Required for sole proprietors)	
Mailing address		Business activity (NAICS) code		WI DFI # (see instructions)	
City		State	Zip	County	
Contact person	Telephone ()		Email		

Part D. Business Type – All applicants (check one)

- ☐ Sole Proprietorship
- ☐ Corporation → ☐ C corp ☐ S corp ☐ QSub } Date of incorporation _____ → State of incorporation _____
(mm dd yyyy)
- | | |
|---------------------|--|
| Legal name of owner | Owner SSN or, if owner is a business, enter FEIN |
|---------------------|--|
- ☐ Partnership → ☐ General ☐ Limited (LP)
- ☐ Limited Liability Partnership (LLP) } Date registered _____ → State of registration _____
☐ Limited Liability Company (LLC) } (mm dd yyyy)
- LLC classification for federal income tax → ☐ Corporation ☐ Partnership
- ☐ Disregarded entity (LLC activity reported on owner's income tax return). Enter owner below.
- | | |
|---------------------|--|
| Legal name of owner | Owner SSN or, if owner is a business, enter FEIN |
|---------------------|--|
- ☐ Governmental Unit → ☐ Federal ☐ State ☐ Local
- ☐ Nonprofit Organization
- ☒ Other (e.g., trusts, estates) Domestic Employer

Wisconsin Department
of Revenue

Power of Attorney

See instructions on reverse side

(Please print or type)

Form

A-222

Part 1	Taxpayer Name	Spouse Name	Social Security Number(s)	Wisconsin Tax Account Number
	Taxpayer Address (number and street)	Spouse Address (if different from taxpayer)	Federal Identification Number	Telephone Number – Daytime ()
	City, State, and Zip Code	City, State, and Zip Code	E-mail Address	

Part 2 Hereby appoint(s) the following individual(s) as attorney(s)-in-fact to represent the taxpayer(s) before the Department of Revenue for the tax matter(s) specified in Part 3.

Name	Firm Name/Address	Telephone Number
** Theresa Danforth	ARIS SOLUTIONS/ PO BOX 4409 W.R.JCT., VT 05001	(866) 970-3301
Emilie Donka	ARIS SOLUTIONS/ PO BOX 4409 W.R.JCT., VT 05001	866-970-3301

** Designated Receiver

Part 3	Type of Tax	Tax Year(s) or Period(s) Covered
<input type="checkbox"/>	Individual Income Tax	
<input type="checkbox"/>	Corporation Franchise or Income Tax	
<input type="checkbox"/>	Excise Tax	
<input type="checkbox"/>	Sales or Use Tax	
<input checked="" type="checkbox"/>	Withholding Tax	2018-2022
<input type="checkbox"/>	Other (list type of tax/matter)	
<input type="checkbox"/>	All delinquent tax matters	

Part 4 Complete if Power of Attorney is limited to:

- ☐ Field/office audit matters ☐ Appeal of notice dated _____
- ☐ Other _____

Part 5 Send notices and other written communications to: ☒ Attorney-in-fact OR ☐ Taxpayer ► I understand, agree, and accept:

If the Attorney-in-fact box is checked, any notices and written communications will be sent to only the attorney-in-fact, except as required by statute. If the Taxpayer box is checked, any notices and written communications will be sent to only the taxpayer. Notice to the attorney-in-fact is notice to the taxpayer and vice versa. If no box is checked or both boxes are checked, any notices and written communications will be sent only to the taxpayer.

Part 6 The Power of Attorney revokes all prior Powers of Attorney on file with the Wisconsin Department of Revenue with respect to the same matters and years or periods covered by this instrument, except the following:

(Specify to whom granted, date, and address, or refer to attached copies of prior powers of attorney)

Part 7 I understand that the execution of this Power of Attorney does not relieve me of personal responsibility for correctly and timely reporting and paying taxes, or from the penalties for failure to do so, all as provided for under Wisconsin tax law. I understand a photocopy and/or faxed copy of this form has the same authority as the signed original.

If signed by a corporate officer, partner, or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this Power of Attorney on behalf of the taxpayer.

Signature	Title	Date
	HHCSR	
Signature	Title	Date

This Power of Attorney is not valid unless signed by the individual(s), corporate officer, partner or fiduciary.
Refer to instructions on reverse side.

DOMESTIC EMPLOYER'S REPORT FOR 2017	Complete #1-#16:
<p>Required to determine your employer status under the Wisconsin Unemployment Insurance Act, (CHAPTER 108, WIS. STATS.) COMPLETE AND RETURN THIS REPORT WITHIN 10 DAYS UNLESS INSTRUCTED OTHERWISE.</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin: 10px auto; text-align: center;">UI Account Number</div>	<div style="border: 1px solid black; padding: 2px;">1. Legal Name</div> <div style="border: 1px solid black; padding: 2px;">2. Mailing Address c/o (if required for correct delivery)</div> <div style="border: 1px solid black; padding: 2px;">3. Street or P.O. Box</div> <div style="display: flex; border: 1px solid black; padding: 2px;"> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">4. City</div> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">State</div> <div style="flex: 1; padding: 2px;">Zip Code</div> </div> <div style="border: 1px solid black; padding: 2px;">5. Federal Identification Number</div> <div style="border: 1px solid black; padding: 2px;">6. Social Security Number (9 digits)</div> <div style="border: 1px solid black; padding: 2px;">7. Person To Contact For Additional Information:</div> <div style="padding: 2px;">Name</div> <div style="padding: 2px;">Email Address</div> <div style="padding: 2px;">Telephone Number</div> <div style="border: 1px solid black; padding: 2px;">8. Do you currently have business activity covered under the Wisconsin UI Law? <input type="checkbox"/> Yes <input type="checkbox"/> No</div> <div style="padding: 2px;">If so, provide the:</div> <div style="padding: 2px;">Business Name</div> <div style="padding: 2px;">UI Account Number</div>
<p>Send to: Department of Workforce Development Division of Unemployment Insurance P.O. Box 7942 Madison, WI 53707</p> <p>Telephone: (608) 261-6700 Fax: (608) 267-1400 http://unemployment.wisconsin.gov email: taxnet@dwd.wisconsin.gov</p>	<div style="border: 1px solid black; padding: 2px;">9. Check Type of Employer:</div> <div style="padding: 2px;">Individual College Club Fraternity Sorority</div> <div style="padding: 2px;">Other-Identify:</div>
<div style="border: 1px solid black; padding: 2px;">10. Section 108.02(13)(d), Wisconsin Statutes states:</div> <div style="padding: 2px;"> <p>"Any employing unit of an individual or individuals in domestic service shall become an "employer" as of the beginning of any calendar year if such employer paid or incurred liability to pay cash wages of \$1,000 or more during any quarter in either that year or the preceding calendar year for such domestic service."</p> <p>Are you an employer of domestic service employment:</p> <p>In Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>In any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div>	<div style="display: flex; border: 1px solid black; padding: 2px;"> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">13. Do you have a liability under the Federal Unemployment Tax on domestic payroll for:</div> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">2015</div> <div style="flex: 1; border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; border: 1px solid black; padding: 2px;"> <div style="flex: 1; border-right: 1px solid black; padding: 2px;"></div> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">2016</div> <div style="flex: 1; border-right: 1px solid black; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="display: flex; border: 1px solid black; padding: 2px;"> <div style="flex: 1; border-right: 1px solid black; padding: 2px;"></div> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">2017</div> <div style="flex: 1; padding: 2px;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div> </div> <div style="border: 1px solid black; padding: 2px;">14. Check if any of the following family members are paid for providing domestic services for you. This employment is excluded for UI tax purposes.</div> <div style="padding: 2px;"> <input type="checkbox"/> Spouse <input type="checkbox"/> Parent <input type="checkbox"/> Child under 18 <input type="checkbox"/> Other- identify: </div>
<div style="border: 1px solid black; padding: 2px;">11. Date your first domestic service employee began working for you in Wisconsin (mm/dd/yyyy)</div> <div style="border: 1px solid black; padding: 2px;">12. Have you ceased employing domestic help in Wisconsin?</div> <div style="padding: 2px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <p>If yes, on what day (mm/dd/yyyy)</p> </div>	<div style="border: 1px solid black; padding: 2px;">15. Please provide the actual location in Wisconsin where domestic service is performed for you:</div> <div style="padding: 2px;">Street address</div> <div style="display: flex; padding: 2px;"> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">City</div> <div style="flex: 1; border-right: 1px solid black; padding: 2px;">State</div> <div style="flex: 1; padding: 2px;">Zip code</div> </div>

16. Please provide the following quarterly payroll totals reflecting only cash wages paid for domestic employment in Wisconsin through the current date. Do not include wages paid for excluded employment.				
Year	1 st Quarter Jan.-March	2 nd Quarter April-June	3 rd Quarter July-Sept.	4 th Quarter Oct.-Dec.
2015				
2016				
2017				

Section 108.24(2) provides for fines and/or imprisonment for making known false statements on this report or for refusing to submit the completed report to this office. Your signature below indicates the report is true and complete to the best of your knowledge and belief.

Signature	Please print name	Date Signed (mm/dd/yyyy)
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EMPLOYER POWER OF ATTORNEY ASSIGNMENT

Department of Workforce Development
 Unemployment Insurance
 P.O. Box 7942
 Madison, WI 53707

Be Aware That:

_____, (Employer Name), _____, (UI Account #), _____, (FEIN #), _____,

having its main office located at _____, (Street Address, City, State & Zip Code), _____,

_____, (Telephone Number with Area Code), _____, appoints _____, (Name of Representing Company), _____,

located at _____, (Street Address, City, State & Zip Code), _____, (Telephone Number with Area Code), _____,

as its attorney or representative with full power to represent the employer before the Wisconsin Division of Unemployment Insurance. This representation applies to all matters affecting unemployment insurance including, although not limited to, all benefit claims, contributions, refunds, experience rating, hearings and appeals.

The employer further understands the Wisconsin Division of Unemployment Insurance maintains three (3) separate and distinct mailing groups* which include:

Group I	UCB-16	Separation Notice
	UCB-23	Eligibility Report
	UCB-20	Initial Determination
Group II	UCT-14384-1-E	Unemployment Insurance Benefit Charges and Adjustments
Group III	UCB-719	Urgent Request for Wages
	UCB-701	Computation of Unemployment Insurance Benefits
	UCB-708	Notice of Changed Liability for UI Benefits
	UCT-101-E	Quarterly Contribution Report
	UCT-14384-E	Unemployment Insurance Reserve Fund Balance Statement
	UC-7823-E	Quarterly Wage Reports
	UCT-14309-E	Reimbursable Employer Monthly Statement

* Forms listed above must remain within the respective mailing group

The employer authorizes group(s) _____, (List Group Number(s)) to be mailed to the representative's address listed above.

The remaining group(s) _____, (List Group Number(s)) will be mailed to the employer's main office.

By the signatures below, the employer known as _____, (Employer Name), _____,

approves the above directions and voluntarily enters into this assignment on _____, (Date – mm/dd/yyyy), _____,

at which time this assignment is effective and takes place of all previous assignments.

Authorized Signature: _____, (Employer's Signature), _____, (Date Signed – mm/dd/yyyy), _____,

Printed Name & Title: _____, (Print Name), _____, (Job Title), _____,

Witnessed By: _____, (Witness's Signature), _____, (Date Signed – mm/dd/yyyy), _____,

Printed Name & Title: _____, (Print Name), _____, (Job Title), _____,



WHAT EMPLOYERS NEED TO KNOW

Author(s): Lucia Cucu, J.D.

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How to Protect Yourself and Your Worker: A Guide for Employers

Being an employer brings not only rights but also responsibilities. This guide describes a few important issues that every employer should know about.

Maintaining a Safe Workplace

It is important to keep your home safe for your employee. Slips and falls are a common cause of injuries, so you should clean up or warn your employee of spills and wet surfaces, and keep stairs and flooring in good repair. If you have pets in your home, make sure they cannot bite or scratch your employee.

Making Hiring and Firing Decisions

Terminating Employees

Do not hesitate to terminate an employee who does not meet your needs. Most employment relationships are considered employment “at will,” which means you can terminate an employee for any reason or no reason at all, so long as your reason is not discriminatory, retaliatory (see discussion below) or otherwise unlawful.

Avoiding Promises about the Length of Employment

To avoid a claim for breach of contract, do not make any promises to your employee that you will keep him employed for a certain period of time or that you would only fire him for a specific reason. Remember that a contract does not always have to be in writing to be legally binding. Spoken statements and promises can sometimes create legal obligations.

Avoiding Illegal Discrimination and Retaliation

In many states it is illegal to discriminate against employees based on certain factors, which can include race, color, religion, sex, national origin, marital status, sexual orientation. This means that you must not hire, fire, or harass employees based on such factors. While your employee is with you, be careful not to express any personal opinions that could be interpreted as discriminatory. Even if you are in your own home, the home is considered a workplace while your employee is there, and workplace discrimination and harassment are prohibited by law.

Do not allow friends or family to behave in ways that could be considered discriminatory or harassing towards your employee. As the employer, you could be held responsible for their behavior if you allow it to continue.

Sexual harassment is also illegal. It includes unwelcome sexual advances that can be physical or verbal, such as offensive comments or gestures that create a hostile environment. Remember that the harasser can be someone other than the employer, such as a guest visiting your home or someone who lives with you.

It is also illegal to fire employees in retaliation for reporting a crime or irregularity. For example, if an employee believes that an employer is misusing Medicaid funds and reports it to the authorities, it would be illegal to fire the employee in retaliation.

Providing References for Former Employees

Be careful when talking about your reasons for terminating employees, because you could risk a claim of discrimination or defamation (saying things about the employee who harms them). If you are asked for a reference about a former employee and cannot provide a positive one, it is safest not to provide a reference at all.

What Family Members and Authorized Representatives Need to Know

Your Duty as Representative

In participant-directed programs, usually the participant (the person receiving services) is the employer. It is not unusual, however, for the participant to be unable or unwilling to serve as the employer. In those cases, the participant will designate a “representative” to serve as the employer. If you are designated as an authorized representative, you have a *fiduciary* duty to the participant. “Fiduciary” means you must always act in the best interest of the participant and not in your own interest. Program funds must always be spent for the participant’s benefit, not your own benefit.

Hiring and Training Employees

If the participant is likely to injure himself or others, you have a duty to warn employees of the risk and instruct them how to best handle it. Make sure to hire only employees who can deal with situations that arise. Ask them to confirm that they understand the risks and are willing and able to handle them.

If you are a parent, you must exercise reasonable care to control your minor child as best as you can, even if you are not listed as an authorized representative for the child. It is important to hire employees who are able to deal with any risks they may encounter when caring for your child. You should warn employees ahead of time of risks, and explain how to best handle situations that may come up.

Mandatory Reporter Duty

As an authorized representative, you may have a legal duty to report to the authorities if you suspect or notice that the participant is being abused by a family member, an employee, or some other person. Many states have “mandatory reporter” laws that could require you to report abuse of a child, an elderly adult or a person with a disability. You may have a duty to report the abuse even if the abuser is a member of your own family or the participant’s family.

Worker's Compensation Insurance

It is important to maintain a worker's compensation insurance policy, because such insurance will pay for claims if an employee is injured on the job.

If an employee is injured while at work, the employer is liable even if the injury is not the employer's fault. For example, if your employee drives to the grocery store on your behalf and is injured when a careless driver hits her car, the employee could ask you for compensation even though you could not have prevented the accident. This is because employers have to compensate employees for injuries sustained on the job. A worker's compensation insurance policy will pay for such claims.

Liability Insurance

Worker's compensation will pay when your employee is injured, but what happens when someone else is injured? As an employer you may be liable when your employee injures someone else, even if the injury is not your fault. For example, if your employee causes a car accident while driving you to an appointment and injures a third party, the third party could sue you because your employee caused the accident while on the job.

Employment-related claims like wrongful termination, discrimination, or defamation are another source of liability that is not covered by worker's compensation insurance.

Some homeowner's, renter's, or liability insurance policies will cover such claims. However the terms of insurance policies vary, so you should read the terms and consult with an insurance agent before you start your participant direction program. You may consider an addition to your homeowner's or renter's policy, or a separate liability insurance policy, to be covered for liability risks related to domestic employees.