



2701 Larsen Road

Green Bay, WI 54303

Dear CLTS Family:

Thank you for your interest in hiring a caregiver through our fiscal agent program. This program allows CLTS families such as yours to employ trusted individuals to provide much-needed services. These services are funded by Rock County Human Services, but paid by KCC Fiscal Agent Services in the form of a paycheck to the caregiver.

KCC Fiscal Agent Services is an agency assuming the role as Fiscal Agent as authorized under section 3504 of the IRS Code and detailed in the Revenue Procedures 70-6 and 80-4 (Appendices F and G). Under this program the child is the employer, KCC Fiscal Agent Services is the agency that processes the payrolls.

In order for the child to be the employer, the child's parent/guardian fills out and signs a SS-4 form which is an Application for Employer Identification Number for the child.

Instructions for filling out the SS-4

Line 1-Print the child's LEGAL name, the name as it appears on the Social Security card.

Line 7a-Name of Responsible Party – Print the Guardian's Name

Line 7b-SSN, ITIN, or EIN – Fill in the Guardian's Social Security Number

Please sign, date and list the phone number of the child's parent/guardian

The child's parent/guardian also fills out and signs the Employer/Payer Appointment of Agent form 2678.

Instructions for filling out form 2678

Part 2: Employer or Payer Information

Line 2-Print child's name

Line 4-Print child's address

Bottom of 2678 form:

Signature, date and phone number of child's parent/guardian

Print name and title of child's parent/guardian

If you have any technical questions regarding these forms, please contact KCC Fiscal Agent Services at (920) 857-3980 or (920) 265-3783. Thank you again for your interest!

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 for instructions and the latest information.

► See separate instructions for each line. ► Keep a copy for your records.

OMB No. 1545-0003

EIN

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 c/o KCC Fiscal Agent Services - Rock as Fiscal Agent	
4a	Mailing address (room, apt., suite no. and street, or P.O. box) 2701 Larsen Rd	5a Street address (if different) (Don't enter a P.O. box.)	
4b	City, state, and ZIP code (if foreign, see instructions) Green Bay, WI 54303	5b City, state, and ZIP code (if foreign, see instructions)	
6	County and state where principal business is located Rock County, Wisconsin		
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
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 checked="" 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"/> Church or church-controlled organization _____	<input type="checkbox"/> Farmers' cooperative _____	
	<input type="checkbox"/> Other nonprofit organization (specify) ► _____	<input type="checkbox"/> REMIC _____	
	<input type="checkbox"/> Other (specify) ► HHCSR using Fiscal Employer Agent	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) ► HHCSR using Fiscal Employer Agent	<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	12 Closing month of accounting year December		
13	14 If you expect your employment tax liability to be \$1,000 or less in a full calendar year and want to file Form 941 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
15	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) ► N/A		
16	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"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance
	<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
	<input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail		
	<input checked="" type="checkbox"/> Other (specify) ► HHCSR using Fiscal Employer Agent		
17	17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.		
	HHCSR for domestic services - no filing requirement - Fiscal Employer Agent filing consolidated return		
18	18 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 ► _____		
19 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.			
Third Party Designee	Designee's name KCC Fiscal Agent Services		Designee's telephone number (include area code) (920) 857-3980
	Address and ZIP code 2701 Larsen Rd, Green Bay, WI 54303		Designee's fax number (include area code) (920) 857-3981
			Applicant's telephone number (include area code)
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 fax number (include area code)	
Name and title (type or print clearly) ►			
Signature ►		Date ►	

Form 2678 Employer/Payer Appointment of Agent

OMB No. 1545-0748

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

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)

<input type="text"/>	<input type="text"/>	-	<input type="text"/>					
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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
<input type="text"/>	<input type="text"/>	<input type="text"/>
City	State	ZIP code
<input type="text"/>	<input type="text"/>	<input type="text"/>
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)*	<input type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input 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

Best daytime phone

Now give this form to the agent to complete. ➤