Fiscal Employer Agent Information For The Fiscal Intermediary

Instructions: 1. Complete, sign and date this form.
2. Return form using contact information listed at bottom.

Have you been a Employer/Client before participating in this program? ☐ Yes ☐ No

Did you have a Fiscal Employer Agent? ☐ Yes ☐ No

If you answered Yes to either of the questions above, please provide your Employer Identification Number (EIN). If you do not know it, write "I do not know." _____

Previous Fiscal Employer Agent (FEA) Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____

If you have had a Fiscal Employer Agent before, we may need to contact them so that your payroll records are reported correctly to both the state and federal governments. Sign below to allow us access to those payroll records.

Employer/Client Name: _____

Signature: _____

Date: _____