

IRIS Participant/Employer Paperwork

Participant/Employer Forms Examples

- Form SS-4: Application for Employer Identification Number
- Form 2678: Employer/Payer Appointment of Agent
- Form 8821: Tax Information Authorization

EXAMPLE: Form SS-4
Application for Employer Identification Number

INSTRUCTIONS

Box 1: The legal name of the Participant for whom the Employer Identification Number (EIN) is being requested. Enter his/her title as "HCSR" (Home Care Service Representative).

Boxes 4a/4b: The Fiscal Employer Agent's mailing address.

Boxes 5a/5b: The Participant's mailing address.

Box 6: The county and state where the Fiscal Agent is located.

Box 7a: The Participant's name.

Box 7b: The Participant's Social Security number.

Box 8a: Check "No."

Box 9a: Check *Other* and enter "HCSR."

Box 10: Check *Other* and enter "HCSR."

Box 11: The date the IRIS Participant started with IRIS in mm/dd/yyyy format. Leave blank if unknown.

Box 12: Enter the closing month as "December."

Box 13: Under Household enter "1-5."

Box 15: Write "N/A."

Box 16: Check *Other* and enter "HCSR."

Box 17: Enter "HCSR."

Box 18: Check "No."

Third Party Designee: Write the Fiscal Agent name, address, and telephone number.

Under penalties of perjury: Write the name and title ("HCSR") of the Participant or Guardian/POA and their phone number.

Signature: The Participant, Guardian or POA will sign and date this form.

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

1	Legal name of entity (or individual) for whom the EIN is being requested		Participant Name 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)		5a Street address (if different) (Don't enter a P.O. box.)	
4b	City, state, and ZIP code (if foreign, see instructions)		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		Participant Name ###-##-####	
8b	If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input 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 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"/> 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 checked="" type="checkbox"/> Other (specify) HCSR		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"/> Changed type of organization (specify new type)
<input type="checkbox"/> Hired employees (Check the box and see line 13.)		<input type="checkbox"/> Purchased going business		<input type="checkbox"/> Created a trust (specify type)
<input type="checkbox"/> Compliance with IRS withholding regulations		<input type="checkbox"/> Created a pension plan (specify type)		
<input checked="" type="checkbox"/> Other (specify) HCSR				
11	Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year DECEMBER	
Start Date in IRIS in mm/dd/yyyy format		14 Reserved for future use		
13	Highest number of employees expected in the next 12 months (enter -0- if none).			
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) N/A			
16	Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction		<input type="checkbox"/> Health care & social assistance		<input type="checkbox"/> Wholesale-agent/broker
<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Accommodation & food service		<input type="checkbox"/> Wholesale-other
<input type="checkbox"/> Transportation & warehousing		<input checked="" type="checkbox"/> Other (specify) HCSR		<input type="checkbox"/> Retail
<input type="checkbox"/> Real estate		<input type="checkbox"/> Manufacturing		
<input type="checkbox"/> Finance & insurance				
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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If "Yes," write previous EIN here				
Third Party Designee	Designee's name		Designee's telephone number (include area code)	
	ILIFE LLC FISCAL AGENT C/O MEGAN KEINTZ		715-298-9823	
	Address and ZIP code		Designee's fax number (include area code)	
	2020 W WELLS ST MILWAUKEE WI 53233		414-937-2034	
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)			Applicant's telephone number (include area code)	
Participant Name or Guardian/POA Name Type: HCSR			###-##-####	
Signature			Applicant's fax number (include area code)	
Participant, Guardian, or POA Signature			mm/dd/yyyy	
Date				
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2023)				

Print the Participant, Guardian or Power of Attorney Name and Title (HCSR), and enter his/her phone number.
The Participant, Guardian, or POA will also sign and date this form. If a Guardian or POA has been court appointed, said person should also attach a copy of the guardianship papers with the court seal visible.

INSTRUCTIONS

PART 1

Check the box to appoint an agent for tax reporting, depositing, and paying.

PART 2

1. The Participant's EIN number (not Social Security number). If the EIN number is not known, leave the Employer Identification Number (EIN) blank; it will be entered by the FEA when it is assigned.

2. The Participant's Name

4. The Participant's Street Address, City, State, and ZIP Code.

5. Check the box under *For ALL employees/payees/payments* for:
– Form 940, 940-PR
– Form 941, 941-PR, 941-SS

Check the box to indicate “*you are a home care service recipient.*”

Signature & Date

The Participant, Guardian, or POA will sign and date this form.

Print the Participant Name and Title (“HSCR”) or, if it is a Guardian or Power of Attorney completing this form, print his/her name and write “Guardian” or “POA” – whichever is appropriate.

Include the best daytime phone number to be reached with the area code.

PART 3

The back side of this form can be left blank and will be completed by the Fiscal Employer Agent (FEA).

Form **2678** **Employer/Payer Appointment of Agent**

(Rev. December 2023) 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'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)

- 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)

Participant Name

3 Trade name (if any)

4 Address

Participant Street Address

Number Street Suite or room number

Participant City

City

State

State

ZIP Code

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)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<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 can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

- 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 Participant, Guardian, or POA Signature

Date mm / dd / yyyy

Print your name here Participant, Guardian, or POA

Print your title here HCSR

Best daytime phone (###) ### - ####

Now give this form to the agent to complete.

