

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 2025) 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) 2020 W Wells ST		5a Street address (if different) (Don't enter a P.O. box.) Participant Street Address			
4b City, state, and ZIP code (if foreign, see instructions) MILWAUKEE, WI 53233		5b City, state, and ZIP code (if foreign, see instructions) Participant City, State and ZIP Code			
6 County and state where principal business is located MILWAUKEE COUNTY WI					
7a Name of responsible party Participant Name		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 ☐ Yes ☐ No			
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) _____		☐ Estate (SSN of decedent) _____			
☐ Partnership _____		☐ Plan administrator (TIN) _____			
☐ Corporation (enter form number to be filed) _____		☐ Trust (TIN of grantor) _____			
☐ Personal service corporation _____		☐ Military/National Guard _____			
☐ Church or church-controlled organization _____		☐ Farmers' cooperative _____			
☐ Other nonprofit organization (specify) _____		☐ REMIC _____			
☒ Other (specify) HCSR		☐ Indian tribal governments/enterprises _____			
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) _____		☐ Banking purpose (specify purpose) _____			
☐ Hired employees (Check the box and see line 13.) _____		☐ Changed type of organization (specify new type) _____			
☐ Compliance with IRS withholding regulations _____		☐ Purchased going business _____			
☒ Other (specify) HCSR		☐ Created a trust (specify type) _____			
☐ Created a pension plan (specify type) _____					
11 Date business started or acquired (month, day, year). See instructions. Start Date in IRIS in mm/dd/yyyy format			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	
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) N/A					
16 Check one box that best describes the principal activity of your business.					
☐ Construction		☐ Rental & leasing		☐ Health care & social assistance	
☐ Real estate		☐ Transportation & warehousing		☐ Wholesale—agent/broker	
☐ Manufacturing		☐ Finance & insurance		☐ Accommodation & food service	
☒ Other (specify) HCSR				☐ Wholesale—other	
☐ Retail					
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 ILIFE LLC FISCAL AGENT C/O MEGAN KEINTZ		Designee's telephone number (include area code) 715-298-9823			
Address and ZIP code 2020 W WELLS ST MILWAUKEE WI 53233		Designee's fax number (include area code) 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)		Participant Name or Guardian/POA Name		Title: HCSR	
Signature		Participant, Guardian, or POA Signature		Date	
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 16055N		Form SS-4 (Rev. 12-2025) Created 10/17/25	

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 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.

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	State	ZIP Code
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.)

Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)
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

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	☒	☐
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	☒	☐
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.

- ☒ 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.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. www.irs.gov/Form2678

Cat. No. 18770D

Form 2678 (Rev. 12-2023)

INSTRUCTIONS

Box 1: The legal name and daytime phone number of the Participant for whom the Tax Information Authorization is being requested. For Taxpayer Identification number(s), enter the Participant's EIN number (not Social Security number) if known, otherwise leave blank.

Box 2: The name, address and contact information of the Fiscal Employer Agent. The named designee must be an individual person. Check the check box to have copies of notices and communications sent to the designee.

Box 3, 3a - 3d: Check the box to authorize access to IRS records. Identify (a) the type of tax information, (b) tax form numbers, (c) years or periods, and (d) specific tax matters that the Fiscal Agent is authorized to inspect and/or receive. Years or periods (c) should not be more than three years.

Box 6: The Participant, Guardian or POA will sign and date this form, and print his/her name. Enter his or her title as "HCSR."

<p>Form 8821 (Rev. January 2021) Department of the Treasury Internal Revenue Service</p>	<p>Tax Information Authorization</p> <p>► Go to www.irs.gov/Form8821 for instructions and the latest information. ► Don't sign this form unless all applicable lines have been completed. ► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.</p>	<p>OMB No. 1545-1185 For IRS Use Only</p> <p>Received by: Name _____ Telephone _____ Function _____ Date _____</p>												
<p>1 Taxpayer information. Taxpayer must sign and date this form on line 6.</p>														
<p>Taxpayer name and address</p> <p>Participant Name Participant Street Address City, State and ZIP Code</p>		<p>Taxpayer identification number(s) ##-####-#### Daytime telephone number Plan number (if applicable) ##-####-####</p>												
<p>2 Designee(s). If you wish to name more than two designees, attach a list to this form. Check here if a list of additional designees is attached ► ☐</p>														
<p>Name and address</p> <p>SHAWN ROSSMANN ILIFE LLC FISCAL AGENT 2020 WEST WELLS ST, MILWAUKEE, WI 53233</p> <p>Check if to be sent copies of notices and communications ☒</p> <p>Name and address</p> <p>MEGAN KEINTZ ILIFE LLC FISCAL AGENT 2020 W WELLS ST, MILWAUKEE, WI, 53233</p> <p>Check if to be sent copies of notices and communications ☐</p>		<p>CAF No. _____ PTIN _____ Telephone No. 414-937-2035 Fax No. 414-937-2034</p> <p>Check if new: Address ☐ Telephone No. ☐ Fax No. ☐</p> <p>CAF No. _____ PTIN _____ Telephone No. 715-298-9823 Fax No. 414-937-2034</p> <p>Check if new: Address ☐ Telephone No. ☐ Fax No. ☐</p>												
<p>3 Tax information. Each designee 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.</p> <p>☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)</th> <th style="width: 20%;">(b) Tax Form Number (1040, 941, 720, etc.)</th> <th style="width: 20%;">(c) Year(s) or Period(s)</th> <th style="width: 30%;">(d) Specific Tax Matters</th> </tr> </thead> <tbody> <tr> <td>INCOME TAX WITHHOLDING</td> <td>940, 940R, 941, 941B, 941R, 941-X</td> <td>2023-2026</td> <td>NOT APPLICABLE</td> </tr> <tr> <td>EMPLOYMENT TAXES</td> <td>W-2, W-2C, W-3, SS-4, 2678, 147C</td> <td>2023-2026</td> <td>NOT APPLICABLE</td> </tr> </tbody> </table>			(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	INCOME TAX WITHHOLDING	940, 940R, 941, 941B, 941R, 941-X	2023-2026	NOT APPLICABLE	EMPLOYMENT TAXES	W-2, W-2C, W-3, SS-4, 2678, 147C	2023-2026	NOT APPLICABLE
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<p>4 Specific use not recorded on the 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 line 5 ► ☒</p>														
<p>5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 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 5 instructions.</p>														
<p>6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.</p> <p>► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.</p> <p>► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">Participant, Guardian, or POA Signature</td> <td style="width: 30%;">mm/dd/yyyy</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Participant, Guardian, or POA Printed Name</td> <td>HCSR</td> </tr> <tr> <td>Print Name</td> <td>Title (if applicable)</td> </tr> </table>			Participant, Guardian, or POA Signature	mm/dd/yyyy	Signature	Date	Participant, Guardian, or POA Printed Name	HCSR	Print Name	Title (if applicable)				
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<p>For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P Form 8821 (Rev. 01-2021)</p>														