

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.)	
	2020 W WELLS ST	Participant Street Address	
4b	City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)	
	MILWAUKEE, WI 53233	Participant City, State and ZIP Code	
6	County and state where principal business is located		
	MILWAUKEE COUNTY WI		
7a	Name of responsible party	7b SSN, ITIN, or EIN	
	Participant Name	###-##-####	
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"/> 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 <input type="checkbox"/> 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) HCSR <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
	Start Date in IRIS in mm/dd/yyyy format		DECEMBER
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"/> 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) HCSR <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.		
	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	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	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.		Applicant's telephone number (include area code)
	Name and title (type or print clearly)		###-##-####
	Participant Name or Guardian/POA Name Type: HCSR		mm/dd/yyyy
	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. 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**
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)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" 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 Print your name here

Date Print your title here Best daytime phone

Now give this form to the agent to complete. ➔

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."

Form 8821 (Rev. January 2021) Department of the Treasury Internal Revenue Service	Tax Information Authorization ▶ 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.	OMB No. 1545-1185 For IRS Use Only Received by: Name _____ Telephone _____ Function _____ Date _____												
<p>1 Taxpayer information. Taxpayer must sign and date this form on line 6.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Taxpayer name and address</td> <td style="width: 40%;">Taxpayer identification number(s)</td> </tr> <tr> <td>Participant Name Participant Street Address City/State/Zip Code</td> <td>##-####-#### Daytime telephone number Plan number (if applicable) ##-###-####</td> </tr> </table>			Taxpayer name and address	Taxpayer identification number(s)	Participant Name Participant Street Address City/State/Zip Code	##-####-#### Daytime telephone number Plan number (if applicable) ##-###-####								
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<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 ▶ <input type="checkbox"/></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Name and address</td> <td style="width: 40%;">CAF No. 0315-82663R</td> </tr> <tr> <td>ANDREA HOETTELS ILIFE LLC FISCAL AGENT 2020 WEST WELLS ST, MILWAUKEE, WI 53233</td> <td>PTIN Telephone No. 414-459-3086 Fax No. 414-755-7104</td> </tr> <tr> <td>Check if to be sent copies of notices and communications <input checked="" type="checkbox"/></td> <td>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/></td> </tr> <tr> <td>Name and address</td> <td>CAF No. 0315-05206R</td> </tr> <tr> <td>SANA KHAN ILIFE LLC FISCAL AGENT 2020 W WELLS ST, MILWAUKEE, WI, 53233</td> <td>PTIN Telephone No. 414-937-2035 Fax No. 414-937-2034</td> </tr> <tr> <td>Check if to be sent copies of notices and communications <input type="checkbox"/></td> <td>Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/></td> </tr> </table>			Name and address	CAF No. 0315-82663R	ANDREA HOETTELS ILIFE LLC FISCAL AGENT 2020 WEST WELLS ST, MILWAUKEE, WI 53233	PTIN Telephone No. 414-459-3086 Fax No. 414-755-7104	Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>	Name and address	CAF No. 0315-05206R	SANA KHAN ILIFE LLC FISCAL AGENT 2020 W WELLS ST, MILWAUKEE, WI, 53233	PTIN Telephone No. 414-937-2035 Fax No. 414-937-2034	Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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<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><input type="checkbox"/> 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>2023-2025</td> <td>NOT APPLICABLE</td> </tr> <tr> <td>EMPLOYMENT TAXES</td> <td>W-2, W-2C, W-3, SS-4, 2678</td> <td>2023-2025</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	2023-2025	NOT APPLICABLE	EMPLOYMENT TAXES	W-2, W-2C, W-3, SS-4, 2678	2023-2025	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 ▶ <input checked="" type="checkbox"/></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 ▶ <input type="checkbox"/></p> <p>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 style="text-align: center;">▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.</p> <p style="text-align: center;">▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.</p> <table style="width: 100%;"> <tr> <td style="width: 70%;">DUfjWjdUbh Guardian, or POA GJ[bUf iY</td> <td style="width: 30%;">a a #XX#mmm</td> </tr> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>DUfjWjdUbh Guardian, or POA Df]bH'X' BUa Y</td> <td></td> </tr> <tr> <td>Print Name</td> <td>Title (if applicable)</td> </tr> </table>			DUfjWjdUbh Guardian, or POA GJ[bUf iY	a a #XX#mmm	Signature	Date	DUfjWjdUbh Guardian, or POA Df]bH'X' BUa Y		Print Name	Title (if applicable)				
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