Children's Long Term Support (CLTS) Program Employer/Client Paperwork

Employer/Client Forms Examples

- Fiscal Agent Employer/Client Information Form
- Email and Text Agreement
- Form 2678: Employer/Payer Appointment of Agent
- Form SS-4: Application for Employer Identification Number
- Form 8821: Tax Information Authorization
- Fiscal Agent Information for the Fiscal Intermediary

Updated: 10/2026

iLIFE
Choice. With Confidence.

INSTRUCTIONS

Employer/Client Name: The Employer/Client's name in first name, middle initial, last name format.

Street Address: The Employer/Client's street address.

City, State, and ZIP: The Employer/Client's city, state, and ZIP code.

Birth Date: The Employer/Client's birth date.

Social Security Number: The Employer/Client's Social Security number.

Email: The Employer/Client's email address.

Primary Phone Number: The Employer/Client's primary phone number. Mark the appropriate box to indicate if the number is a Cell, Home, or Work number.

Alternative Phone Number: The Employer/Client's secondary phone number. Mark the appropriate box to indicate if the number is a Cell, Home, or Work number.

Preferred Language: The Employer/Client's preferred language for communications.

Case Manager Name: The name of the Employee/Client's Case Manager.

Employer/Client Signature and Date: The Employer/Client, Parent, or Legal Representative will sign and date this form.

EXAMPLE:
Fiscal Employer Agent Employer/Client Information Form

Fiscal Employer Agent Employer/Client Information Form

Instructions: 1. Complete, sign and date this form using the child's info as the Employer/Client.
2. Return form using contact information listed at bottom.

Employer/Client Name: **Employer/Client's First and Last Name**

Street Address: **Employer/Client's Street Address**

City: **City** State: **State** ZIP: **Zip Code**

Birth Date: **mm/dd/yyyy**

Social Security Number: **### - ## - ####**

Email: **Employer/Client Email**

Primary Phone Number: **(###) ### - ####**

☑ Cell ☐ Home ☐ Work

Alternative Phone Number: _____

☐ Cell ☐ Home ☐ Work

Preferred Language: ☑ English ☐ Spanish ☐ Hmong ☐ Other: _____

Case Manager Name: **Case Manager Name**

By signing below, you agree that the information on this form is accurate and you have all supporting documentation in your possession.

Employer/Client Signature: **Employer/Client, Parent or Legal Representative Signature**

Date: **mm/dd/yyyy**

iLIFE P.O. Box 80455 | Milwaukee, WI 53208 | Phone: 1-888-490-3966
Fax: 1-414-918-8130 | Email: fiscal@iLIFE.org | Website: iLIFE.org

INSTRUCTIONS

Legal Name of child receiving services: The Employer/Client's name in first name, last name format.

Preferred Name of child: The preferred name of the child (Employer/Client) receiving services.

Parent/Legal Representative email address: The Parent or Legal Representative's email address.

Parent/Representative Printed Name: The Parent or Legal Representative's legal name in first name, last name format.

Communication Agreement Yes/No: Check the "Yes" box if you would like to receive information about the CLTS program via email and/or text. Check the "No" box if you would not like to receive information about the CLTS program from iLIFE via email and/or text.

Parent or Legal Representative Signature and Date: The Parent or Legal Representative will sign and date this.

EXAMPLE:
Email and Text Agreement

Email and Text Agreement

Legal Name of child receiving services: **Employer/Client Legal First and Last Name**

Preferred name of child: **Preferred name of child (Employer/Client)**

Parent/Legal Representative email address:

Parent or Legal Representative's Email Address

Parent/Legal Representative phone number: **(###) ### - ####**

Parent/Legal Representative printed name: **Parent or Legal Representative Printed Name**

We will communicate program updates & information primarily via email and/or text. Do you also want to receive notifications about program updates, special events, resources, etc. via email and/or text? ☑ Yes or ☐ No

My signature verifies that all of the above forms are filled out completely and accurately and will be returned to iLIFE Fiscal Employer Agent via the contact information listed above.

Parent or Legal Representative Signature	**mm/dd/yyyy**
Parent or Legal Representative Signature	DATE

INSTRUCTIONS

Have you been an Employer/Client before participating in this program? Check "Yes" if you have been an employer before, or check "No" if you have not.

Did you have a fiscal agent? Check "Yes" if you've had a Fiscal Agent before, or check "No" if you have not.

If you answered Yes to either of the questions above... If you answered Yes to either of the questions above... Write the Employer/Client's Employer Identification Number (EIN). If you do not know it, write "I do not know."

City, State, and ZIP: The Fiscal Agent's city, state, and ZIP code.

Phone: The Fiscal Agent's phone number.

Employer/Client Name: The Employer/Client's name.

Employer/Client Signature and Date: The Employer/Client, Parent, or Legal Representative will sign and date this form.

EXAMPLE:
Information for the Fiscal Intermediary

Fiscal Employer Agent Information For The Fiscal Intermediary

CLTS

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." **EIN # or "I don't know"**

Previous Fiscal Employer Agent (FEA) Name: **Previous FEA Name**
Street Address: **Previous FEA's Street Address**
City: **Previous FEA's City** State: **Previous FEA's State** ZIP: **Previous FEA's ZIP**

Phone: **Previous FEA's 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: **Employer/Client First and Last Name**

Signature: **Employer/Client, Parent, or Legal Representative Signature**

Date: **mm/dd/yyyy**

INSTRUCTIONS

PART 1
Check the box to appoint an agent for tax reporting, depositing, and paying.

PART 2

1. The Employer/Client'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 Employer/Client's Name
4. The Employer/Client's Street Address, City, State, and ZIP Code.

   Check the box under For ALL employees/ payees/payments for:
   - Form 940, 940-PR
   - Form 941, 941-PR, 941-SS
5. Check the box to indicate "you are a home care service recipient."

Signature & Date

The Employer/Client, Parent, or Legal Representative will sign and date this form.

Print the Employer/Client Name and Title ("HSCR") or, if it is a Parent or Power of Attorney completing this form, print his/her name and write "Parent" or "Legal Representative" – 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).

EXAMPLE: Form 2678
Employer/Payer Appointment of Agent

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) — Employer/Client Name

3 **Trade name** (if any)

4 **Address** — Employer/Client Street 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)*	☑	☐
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	☑	☐
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	☐	☐
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	☐	☐
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 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.

✗ **Sign your name here** — Employer/Client, Parent, or Legal Representative Signature

Print your name here — Employer/Client, Parent, or Legal Representative

Print your title here — HCSR

Date — mm /dd /yyyy

Best daytime phone — (###) ### - ####

Now give this form to the agent to complete.

EXAMPLE: Form SS-4
Application for Employer Identification Number

INSTRUCTIONS

Box 1: The legal name of the Employer/Client 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 Employer/Client's mailing address.

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

Box 7a: The Employer/Client's name.

Box 7b: The Employer/Client'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 Employer/Client started with the program 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 Employer/Client, Parent, or Legal Representative and their phone number.

Signature: The Employer/Client, Parent or Legal Representative 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

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Employer/Client 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.)
Employer/Client 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)
Employer/Client City, State and ZIP Code

6 County and state where principal business is located
MILWAUKEE COUNTY WI

7a Name of responsible party
Employer/Client 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

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)
- ☐ Partnership
- ☐ Corporation (enter form number to be filed)
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify)
- ☑ Other (specify) HCSR
- ☐ Estate (SSN of decedent)
- ☐ Plan administrator (TIN)
- ☐ Trust (TIN of grantor)
- ☐ Military/National Guard
- ☐ Farmers' cooperative
- ☐ REMIC
- ☐ State/local government
- ☐ Federal government
- ☐ Indian tribal governments/enterprises

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)
- ☐ Started new business (specify type)
- ☐ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☑ Other (specify) HCSR
- ☐ Banking purpose (specify purpose)
- ☐ Changed type of organization (specify new type)
- ☐ Purchased going business
- ☐ 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 Program 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.
☐ Health care & social assistance ☐ Wholesale—agent/broker
☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Accommodation & food service ☐ Wholesale—other ☐ Retail
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☑ Other (specify) HCSR

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 Brandon Austin
Designee's telephone number (include area code): 414-937-2142
Address and ZIP code: 2020 W WELLS ST MILWAUKEE WI 53233
Designee's fax number (include area code): 414-918-8130

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) **Employer/Client, Parent, or Legal Representative Name** Title: HCSR
Applicant's telephone number (include area code): **###-###-####**
Signature **Employer/Client, Parent, or Legal Representative Signature** Date **mm/dd/yyyy**
Applicant's fax number (include area code)

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 Employer/Client Parent or Legal Representative Name and Title (HCSR), and enter their phone number.

The Employer/Client, Parent, or Legal Representative will also sign and date this form. If a Parent, or Legal Representative has been court appointed, said person should also attach a copy of the guardianship papers with the court seal visible.

INSTRUCTIONS

Box 1: The legal name and daytime phone number of the Employer/Client 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 Employer/Client, Parent or Legal Representative will sign and date this form, and print his/her name. Enter his or her title as "HCSR."

EXAMPLE:
Form 8821 Tax Information Authorization

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. 1545-1165
For IRS Use Only
Received by:
Name
Telephone
Function
Date

1 Taxpayer information. Taxpayer must sign and date this form on line 6.

Taxpayer name and address	Taxpayer identification number(s)	
Employer/Client Name **Employer/Client Street Address** **City, State and ZIP Code**		
	Daytime telephone number **###-###-####**	Plan number (if applicable)

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 ▶** ☐

Name and address	
SHAWN ROSSMANN **ILIFE LLC FISCAL AGENT** **2020 WEST WELLS ST, MILWAUKEE, WI 53233**	CAF No. PTIN Telephone No. **414-937-2035** Fax No. **414-937-2034**
Check if to be sent copies of notices and communications ☑	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address **BRANDON AUSTIN** **ILIFE LLC FISCAL AGENT** **2020 W WELLS ST, MILWAUKEE, WI, 53233**	CAF No. PTIN Telephone No. **414-937-2142** Fax No. **414-937-2034**
Check if to be sent copies of notices and communications ☐	Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

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.

☐ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(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**

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 . . . . . ▶ ☑

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.

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.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Employer/Client, Parent, or Legal Representative Signature	mm/dd/yyyy
Signature	Date
Employer/Client, Parent, or Legal Representative Printed Name	HCSR
Print Name	Title (if applicable)

EXAMPLE:
Fiscal Employer Agent Consent for Release of Confidential Information

INSTRUCTIONS

Employer/Client Name: The name of the Employer/Client.

Print name of person to which disclosure is to be made: The name of the person the disclosure is to be made.

Check boxes 1-3 and other information: Check the box to authorize access to the information listed next to the check boxes if you consent. If you need to add additional information, you can do so in the "other information as described in detail" area below the check boxes.

Check boxes 4-6: Check the boxes next to each statement that you agree to.

Employer/Client Signature and Date: The Employer/Client, Parent, or Legal Representative will sign and date here.

Fiscal Employer Agent Consent for the Release of Confidential Information

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

I, (print Employer/Client name) **Employer/Client Name**, authorize iLIFE, LLC Fiscal Employer Agent to disclose to (print name of person to which disclosure is to be made) **Name of person disclosure is to be made** the following information:

- ☑ My Employee's pay rates, hours and payment amounts
- ☑ My budget details, including pay rates and services
- ☑ All details regarding my Employer/Client-directed services from iLIFE, LLC Fiscal Emplyer Agent

Other information as described in detail: **Additional Information if needed**

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- ☑ Upon my termination from receiving Employer/Client-directed services from iLIFE, LLC Fiscal Employer Agent
- ☑ Upon the termination of the relationship with the person to which the disclosure is to be made
- ☑ Upon other circumstances as described in detail: **Additional information if needed**

Employer/Client Signature: **Employer/Client, Parent or Legal Representative Signature** Date: **mm/dd/yyyy**

iLIFE P.O. Box 80455 | Milwaukee, WI 53208 | Phone: 1-888-490-3966
Fax: 1-414-918-8130 | Email: fiscal@iLIFE.org | Website: iLIFE.org