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

Updated: 1/20/2020
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.

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. 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).
INSTRUCTIONS

Box 1: The legal name and daytime phone number of the Participant for whom the Tax Information Authorization is being requested. Leave the Taxpayer identification number(s) box blank.

Box 2: The name, address and contact information of the Fiscal Employer Agent. The named appointee must be an individual person. For CAF No., enter "None."

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 5a: Check to indicate that copies of tax information, notices and other written communications should be sent to the appointee on an ongoing basis.

Box 7: The Participant, Guardian or POA will sign and date this form, and print his/her name. Enter his or her title as "HCSR."

EXAMPLE: Form 8821
Tax Information Authorization

1 Taxpayer Information. Taxpayer must sign and date this form on line 1.

Box 1: Participant name and address
Participant Name
Participant Street Address
City, State and ZIP Code
Daytime telephone number
Plan number (if applicable)

Box 2: Appointee. If you wish to name more than one appointee, attach a list to this form. Check here if a list of additional appointees is attached □

Name and address
Katherine Kasabuske
ILIFE, LLC Fiscal Agent
2020 W. Wells Street
Milwaukee WI 53223
CAF No. 0312-698363R
PTIN
Telephone No. (414) 923-4483
Fax No. (414) 923-4483
Check if new: Address □ Telephone No. □ Fax No. □

Box 3: Tax Information. Appointee 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.

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 5a: Check to indicate that copies of tax information, notices and other written communications should be sent to the appointee on an ongoing basis.

Box 7: The Participant, Guardian or POA will sign and date this form, and print his/her name. Enter his or her title as "HCSR."

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

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

Signature, Date
Participant, Guardian, or POA Signature

Participant, Guardian, or POA Printed Name
HCSR

Print Name
Title (if applicable)