

Employer Set-Up Form

Instructions: Please fill out ***all*** information below, where applicable. The member/employer or guardian/POA must sign and date the bottom in order to be considered complete.

Member/Employer's Information

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Date of Birth: ____ / ____ / _____ Social Security Number: _____

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection.

Member/Employer Signature: _____ Date: _____



106 S. Beaumont Rd.
Prairie du Chien WI 53821
Fax: 844-634-7225
Phone: 608-326-0434

Member Authorizations

Member Name: _____ Member Date of Birth: _____

Member Address: _____

Member Phone Number: _____

Member E-mail address: _____

1. I, _____ authorize Lori Knapp Richland Inc. to act as Fiscal Agent including, but not limited to, file returns, make deposits or payments of employment taxes, apply for Federal Employer Identification Number and access any prior payroll records to ensure accurate filing of current reports.
2. I, _____ authorize my Funding Source to release a copy of my current POA or Guardianship documents to Lori Knapp Richland Inc.
3. **OPTIONAL:** LKiChoice offers online Web Entry for timesheet entry and validation. With this option, the paper timesheets would not need to be used. To be able to use Web Entry, **both** Member and Employee will need a valid Email and agree to utilize Web Entry. If you are interested in Web Entry please check yes and if not please check no. _____ Yes
_____ No
4. **OPTIONAL:** I, _____ authorize Lori Knapp Richland Inc. to release information on hours of services authorized by my Funding Source, my Employee's hours of service to me, and any changes to those items to _____. I understand that this authorization to release information is voluntary and not a condition of my FEA services. I understand that with giving this permission that it can be revoked by me at any time by revoking the permission in writing to Lori Knapp Richland Inc.
5. **OPTIONAL:** If I or my Guardian/POA should become incapacitated or upon my or their death, for timesheets to not go through the estate process I, _____ authorize _____ to sign my Employee's timesheets.

Signature

Date

Optional: Lori Knapp Richland Inc. follows all Civil Rights Compliance and Equal Opportunity regulations. The questions below are used only for government reporting requirements. You can choose to answer or not answer these questions.

Gender: ___ Male ___ Female

Ethnicity: ___ Hispanic ___ Not Hispanic

Race (choose one): ___ Black/African American ___ American Indian/Alaskan Native ___ Asian ___ White
___ Native Hawaiian/Pacific Islander ___ More than one

Language: ___ English ___ Spanish ___ Hmong ___ Other _____



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Employer and Fiscal Employment Agency Agreement

This agreement is between Lori Knapp Richland, Inc as Fiscal Agent doing business as LKiChoice and Employer/Member, _____.

This agreement helps the Employer and FEA Agency understand their roles and responsibilities related to the Fiscal Employment Agency program.

MEMBER/EMPLOYER or GUARDIAN/POA roles and responsibilities:

1. Complete all forms required to get the Fiscal Agent program set up.
2. To not give a start date to your Employee until all LKiChoice paperwork and your Employee's Background check have been completed and processed. A start date will be given to you after all of the appropriate forms have been completed and approved.
3. Make sure that LKiChoice has a copy of your current Guardian or POA(if applicable).
4. Understand that the Member (person receiving services) is the Employer of Record who chooses their Employees. As the Employer, they are responsible for:
 - Screening, hiring, training, and supervision of their Employees
 - The actions of their Employees
 - Actions taken as an Employer towards their Employees
5. Understand that LKiChoice is NOT the Employer of Record. LKiChoice assists with administrative tasks and performs payroll services for the Employees hired by the Member/Employer.
6. Provides Employees with good training so needs and outcomes are met.
7. Follow all Federal and State regulations regarding employment processes, equal employment opportunities, non-discrimination, and all other laws to ensure that fair and consistent practices are being used.
8. Report current charges or pending allegation of abuse or neglect in regard to your Employee to your Care Manger or LKiChoice.
9. Responsible to inform LKiChoice of status changes with Employees (i.e. new Employees, Employees that are no longer there, etc.).
10. Ensure Employee reports work-related injury within 24 hours to LKiChoice 1-844-534-7225.
11. Stay within the guidelines of what is authorized for hours worked and tasks required – not using more hours than what the Funding Source has approved.
12. Require that Employees turn in accurate timesheets on a timely basis and only completed in black or blue ink. Review the timesheets for accuracy, validate by signing, and dating the timesheet after or on the last date of service for the current pay period.



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13. Require and enforce that Employees use Electronic Visit Verification (EVV) if applicable. Codes that are required to use EVV are: S5125, S5126, T1019, and T1020. Aid LKiChoice with EVV corrections if they are needed.
14. Understand concerns of Fraud and Abuse and will not sign timesheets that list hours not worked or list any other fraudulent information that result in over-payments.
15. Understands that issues/concerns with Employee timesheets are directed to LKiChoice.
16. If an error occurs with the processing of payroll you and your Employee(s) will be expected to aid in the correction of the error.
17. Responsible to inform LKiChoice of any Employees who do not work for 60 days or more.
18. Understand that if no person is designated on the LKiChoice Member Authorization form to sign off on Employee timesheets, due to incapacitation or death, your Employees will need to wait to be paid until a person from your Estate is deemed legally responsible to sign the Employees timesheets.
19. Responsible to report issues or concerns of safety, health, or well-being (to include abuse, neglect and misappropriation of funds) immediately to Care Management team.

Fiscal Employment Agency roles and responsibilities:

1. Provide and coordinate all paperwork necessary to get the Member and their Employees set up in the Fiscal Agent program.
2. Set up Federal Identification Number, workers compensation, and all other paperwork required for the Fiscal Agent program.
3. Pay wages to the Member's Employees according to the approved and signed timesheets.
4. File monthly tax reports and make appropriate tax payment to include: State income tax, Federal income tax deposits, and tax levies, garnishments, and court ordered deductions.
5. File quarterly tax reports and make appropriate tax payments to include: form 941 Employer Tax Report, Schedule R, SUTA Tax-Form UCT 101, and State wage reporting.
6. File annual tax reports and make appropriate tax payments to include: Federal W-2 and W-3, FUTA 940, Schedule R, State of Wisconsin WT-7, and check issuance of refundable FICA tax to Employees under the annual threshold.
7. Maintain payroll records for every Employer and Provider in accordance with State and Federal laws and regulations.
8. Submit claims to the Funding Agency on behalf of the Member.
9. Inform and communicate with the Member and/or Care Manager when hours exceed authorized units.
10. Inform the Member of our Fiscal Agent portal – a tool they can use to assist them with trainings and other employer-related functions.
11. Provide excellent customer service so the Member can achieve great outcomes.



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Employer and Fiscal Employment Agency Agreement

Summary: The Member is the Employer of Record and is responsible for all personnel practices and their Employees. The Fiscal Agent relationship of LKiChoice, to the Member, is that of performing limited administrative tasks and payroll services for the Member and their Employees. Neither party is an Employee or representative of the other party.

The Member/Employer will hold Lori Knapp Richland, Inc. doing business as LKiChoice harmless of any lawsuits or claims resulting from the actions of the Member/Employer and/or the Employee(s) of the Member. Any damages or costs incurred, including the costs of corporate counsel, will be paid for by the Member.

Signatures and dates below indicate understanding and acceptance of agreement.

Employer or Guardian/POA _____ Date _____

Lori Knapp Richland, Inc. Representative _____ Date _____



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Form **SS-4**
 (Rev. December 2019)
 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.)

▶ Go to www.irs.gov/FormSS4 for instructions and the latest information.
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name c/o Lori Knapp Richland Inc as Fiscal Agent
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 106 S. Beaumont Road	5a Street address (if different) (Don't enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Prairie du Chien, WI 53821	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located County, Wisconsin	
	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	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) ▶ HHCSR using Fiscal Employer Agent 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"/> Hired employees (Check the box and see line 13.) <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) ▶ HHCSR using Fiscal Employer Agent		
11 Date business started or acquired (month, day, year). See instructions.	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.	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 generally will be \$1,000 or less if you expect to pay \$5,000 or less in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>	
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) ▶ HHCSR using Fiscal Employer Agent <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. HHCSR for domestic services - no filing requirement - Fiscal Employer Agent filing consolidated return		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input 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 Natalie Freymiller for Lori Knapp Richland as Fiscal Agent	Designee's telephone number (include area code) 608-326-0434
	Address and ZIP code 106 South Beaumont Road, Prairie du Chien, WI 53821	Designee's fax number (include area code) 844-634-7225
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) ▶		Applicant's fax number (include area code)
Signature ▶		Date ▶

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.

For IRS use:

- 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.

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)

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2 Employer's or payer's name
(not your trade name)

3 Trade name (if any)

4 Address

Number Street Suite or room number

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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
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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

Print your title here

Date

Best daytime phone

Now give this form to the agent to complete. ➔