



# South Dakota Family Support 360 Acumen Enrollment Paperwork

Acumen Fiscal Agent  
July 2023



# General Reminders

- Both the Employer of Record & Employee will complete a packet
- Employer packets are password protected for security
  - Your password will be the Participants birthdate in **MMDDYYYY** format
- Complete all forms electronically, sign digitally when available
  - The bottom of each slide will include a label you see below



Electronic Signature Accepted



Wet Signature Required



No Signature Needed

- Once completed, Employers can email signed copies to Acumen
  - Fax & Mail options also available for convenience, keep originals
- Best practice is to submit all documents together when possible



# Prefill Section

Easily complete all forms correctly!

# Employer's Prefill Page

- Enter password to access the packet
  - Participant's birthdate - MMDDYYYY
- Enter all basic demographic info for the Employer of Record
- Use the Tab on your keyboard to complete each line
- Only enter mailing address if different than physical address
- This is to help complete the packet
  - Acumen does not need a copy



No Signature Needed

Employer Information	
Employer First Name:	
Employer Middle Name:	
Employer Last Name:	
Employer Full Name:	
Employer Date of Birth:	
Employer Social Security Number:	
Employer FEIN: (00-0000000) <small>*Only if you have an existing FEIN for Domestic Employer for Home Community-Based/Caregiver Services.*</small>	
Employer Email:	
Employer Primary Phone:	
Employer Mobile Phone:	
Employer Alternative Phone:	
Employer Physical Address:	
Employer Physical Address Apt/Unit:	
Employer Physical Address City:	
Employer Physical Address State: (abbreviation)	SD
Employer Physical Address Zip:	
Employer Physical Address County:	
Employer Mailing Address:	Enter address if different from Physical Address
Employer Mailing Address Apt/Unit:	
Employer Mailing Address City:	
Employer Mailing Address State: (abbreviation)	
Employer Mailing Address Zip:	

# Participant's Prefill Page

- Scroll down to access Participant info
- Enter all basic demographic info for the Participant
- Use the Tab on your keyboard to complete each line
- Only enter mailing address if different than physical address
- Enter Service Coordinator details if available



No Signature Needed

## Participant Information

Participant First Name:	
Participant Middle Name:	
Participant Last Name:	
Participant Full Name:	
Participant Date of Birth:	
Participant Social Security Number:	
Participant Ethnicity:	Not Provided
Participant Gender:	Not Provided
Participant Email:	
Participant Primary Phone:	
Participant Mobile Phone:	
Participant Alternative Phone:	
Participant Physical Address:	
Participant Physical Address Apt/Unit:	
Participant Physical Address City:	
Participant Physical Address State: (abbreviation)	SD
Participant Physical Address Zip:	
Participant Mailing Address:	Enter address if different from Physical Address
Participant Mailing Address Apt/Unit:	
Participant Mailing Address City:	
Participant Mailing Address State: (abbreviation)	
Participant Mailing Address Zip:	

## Support Coordinator Information

Support Coordinator Name:	
Support Coordinator Email:	
Support Coordinator Phone:	

# Employee's Prefill Pages

- Employee prefill packet also includes Participant & Employer details
- Employees complete theirs first, then Employer should finish theirs
- Employees have 4 prefill pages
  - Basic info, Tax details, Direct Deposit, Employment Authorization
- Review forms in packet prior to completing the prefill section

The image displays four overlapping prefill forms for an employee. The top form is titled "Employee Information" and includes fields for name, date of birth, ethnicity, gender, email, phone, and physical address. The second form, "Employee - Federal Tax Settings", covers federal filing status (Single or Married), allowances, dependents, and federal extra funds withheld. The third form, "Employee Payment Selection", allows choosing between check and direct deposit, and includes details for direct deposit. The bottom form, "Employee - Documentation", requires attestation and provides a list of documents to verify (Citizen of the US, Non-Citizen National, Permanent Resident, or Authorized Alien) with fields for registration numbers and expiration dates.



No Signature Needed



# Employer Forms

To be completed by the Employer of Record

# Employer Checklist

- Checklist for Employer to keep track of documents relating to becoming the Employer of Record
- This is a tracking mechanism for ERs
  - Acumen does not need a copy
- Return documents to Acumen's enrollment department
- Include SD or South Dakota in the subject line of the email
  - This helps process documents faster



No Signature Needed



## South Dakota Family Support 360 Program Employer Packet (keep this folder for your records)

Congratulations on self-directing your supports! The Family Support 360 Program is made available through the South Dakota Department of Human Services/Developmental Disabilities Division. Acumen Fiscal Agent, LLC (Acumen) will be providing the payment services for this program. We are excited to take part in this process with you. Acumen Fiscal Agent, LLC (Acumen) is one of the oldest and most experienced Fiscal Employer Agents in the nation. We have been helping people self-direct since 1995, and we look forward to working with you. Acumen contact information is provided at the end of this packet for any questions that you may have.

### Becoming an Employer - Enrollment

Inside this folder you will find the necessary forms and instructions that authorize Acumen to act on your behalf as your Fiscal/Employer Agent (F/EA). This appointment is only in regard to this program.

The following forms are needed to authorize Acumen to act as your Fiscal Employer Agent. Please complete and return them to Acumen. Examples of these completed forms can be found in the back of the packet. Please check and note the date you emailed, mailed or faxed to Acumen. If you currently have or have had an Employer Identification Number (EIN), please provide this number on Form 2678.

- |   |                 |
|---|-----------------|
| <input type="checkbox"/> Acumen Authorization Form                                      | Date Sent _____ |
| <input type="checkbox"/> Employer Appointment of Agent – IRS Form 2678                  | Date Sent _____ |
| <input type="checkbox"/> Application for Employer Identification Number – IRS Form SS-4 | Date Sent _____ |
| <input type="checkbox"/> Employer Agreement Form  | Date Sent _____ |
| <input type="checkbox"/> South Dakota Department of Labor POA Form 2108                 | Date Sent _____ |

### Reminder:

- Having Acumen as your Fiscal Employer Agent does not affect your employer-employee relationship.
- Acumen is not the employer.

### Employer/Participant – Information and Responsibilities

Employment law is complicated. It is considered a specialty area in the legal profession. The purpose of this overview is to briefly review some requirements in a general way. This overview should in no way be considered a substitute for competent legal counsel.

### When You Hire an Employee:

1. It is important to not discriminate against an applicant because of their age, race, color, religion, sex, national origin, or disability.

Acumen Fiscal Agent, LLC.  
5416 E Baseline Rd., Suite 200  
Mesa, AZ 85206  
Toll Free: (866) 499-0624  
Fax: (866) 496-4564  
TDD/TTY: (888) 853-0010  
[Enrollment@acumen2.net](mailto:Enrollment@acumen2.net)



# Acumen Authorization Form

- Completed and signed by the Employer of Record
- Provides high level outline of Fiscal Agent duties
- Collects basic demographic information
- Provide Service Coordinator details if available



Electronic Signature Accepted



## Acumen Authorization Form

Complete this form and either email it to [enrollment@acumen2.net](mailto:enrollment@acumen2.net), or fax it to (866) 496-4564, or mail it to our address listed below. Please call (866) 499-0624 if you have any questions.

I hereby authorize Acumen Fiscal Agent, LLC (Acumen) to:

1. File Form SS-4 on my behalf to obtain an Employer Identification Number (EIN), if I do not already have one, and allow the IRS to mail information to Acumen once obtained. **Note: If you currently have or have had an EIN, please provide this number on Form 2678.**
2. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Full-Service Agent for unemployment and withholding tax purposes. As such, Acumen shall provide all services for me, the employer, (tax, benefits, and appeals) and shall receive all documents related to my, the employer's, South Dakota unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform all acts the employer can perform relating to matters pertaining to South Dakota's unemployment compensation law and state tax withholding regulations effective signature date forward; subject to revocation.
6. Electronically send me (e.g., e-mail) information including, but not limited to employer and/or employee enrollment information, account statement reports, good-to-go information, and new products or services.

Any limitations to this authorization must be specifically stated and attached. This authorization revokes all earlier authorizations and powers of attorney on file and shall remain in effect until receipt of a written notice of revocation or a subsequent authorization or power of attorney by the South Dakota Department of Labor and Regulation as well as the South Dakota Department of Revenue.

### What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your agent for acts required under Section 3504 and Chapters 21, 22, 24, and/or 25 of Subchapter C of the Internal Revenue Code, and for taxes required under 3301.
- You are Acumen Fiscal Agent to act as your agent for the South Dakota Department of Labor and Regulation as well as the South Dakota Department of Revenue in the fulfilling of domestic employer responsibilities relative to the employing of persons through services funded by the State of South Dakota.

Employer of Record		Participant	
The person who hires, fires, trains and manages staff.		The individual receiving services.	
Name:	Employer Name	Name:	Participant Name
Social Security Number:	Employer SSN	Street Address:	Participant Physical Address
Date of Birth:	Employer DOB	City/State/Zip:	City, State, Zip
Street Address:	Employer Physical Address	Phone Number:	Participant Phone #
City/State/Zip:	City, State, Zip	E-mail Address:	Participant Email
Mailing Address (if different):		<b>Service Coordinator</b>	
City/State/Zip (if different):		Name:	
County of Residence:	Employer County	E-mail Address:	
Phone Number:	Employer Phone (10 Digits)	Phone Number:	
E-mail Address:	Employer Email Address		
Your signature means that you have read and understand the above information.			
Signature:	<i>Employer Signature</i>	Date:	Signature Date

# Form 2678 – Appointment of Agent

- Appoints Acumen as Fiscal Agent with IRS – which means we can manage federal taxes on the Employer’s behalf
- Sections with **blue text** are required
- Add existing EIN to Part 2, item 1
  - Only if applicable
- Employer is required to sign this form with a wet signature
- “Wet Signature” means pen to paper
  - Only applies to signature line



Wet Signature Required

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)  -

2 Employer's or payer's name (not your trade name) EMPLOYER'S FIRST AND LAST NAME

3 Trade name (if any)

4 Address  
 EMPLOYER'S PHYSICAL STREET ADDRESS  
 Number Street Suite or room number  
 EMPLOYER'S PHYSICAL 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.

Sign your name here EMPLOYER'S SIGNATURE Print your name here EMPLOYERS FULL NAME  
 Print your title here HCSR Employer  
 Date CURRENT DATE Best daytime phone EMPLOYER'S PHONE #

Now give this form to the agent to complete.

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions. IRS.gov/form2678 Cat. No. 18770D Form 2678 (Rev. 8-2014)

# Form SS-4 – Application for EIN

- Application for Federal Employer Identification Number
- If you already have an EIN, Acumen will not apply for a new one.
  - We will need your existing number and will use these forms to designate Acumen as your fiscal intermediary.
- Sections with **blue text** are required
- Employer is required to sign this form with a wet signature
  - Only applies to signature line



Wet Signature Required

Form <b>SS-4</b> Application for Employer Identification Number		OMB No. 1545-0003
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to <a href="http://www.irs.gov/FormSS4">www.irs.gov/FormSS4</a> for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.		EIN
1 Legal name of entity (or individual) for whom the EIN is being requested		
<b>EMPLOYER'S FIRST AND LAST NAME</b>		
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.)	
5416 E BASELINE RD STE 200	<b>EMPLOYER'S PHYSICAL STREET ADDRESS</b>	
4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)	
MESA, AZ 85206-4704	<b>EMPLOYER'S PHYSICAL CITY, STATE AND ZIP CODE</b>	
6 County and state where principal business is located		
<b>EMPLOYER'S PHYSICAL COUNTY AND STATE</b>		
7a Name of responsible party	7b SSN, TIN, or EIN	
<b>EMPLOYER'S FIRST AND LAST NAME</b>		<b>EMPLOYER'S SOCIAL SECURITY NUMBER</b>
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 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a <b>Type of entity</b> (check only one box). <b>Caution:</b> 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) ▶ <b>HCSR EMPLOYER</b> <input type="checkbox"/> Group Exemption Number (GEN) if any ▶		
9b If a corporation, name the state or foreign country (if applicable) where incorporated		Foreign country
10 <b>Reason for applying</b> (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) ▶ <b>HCSR EMPLOYER</b> <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 <b>DECEMBER</b>
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     0		
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). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶		
16 Check <b>one</b> box that best describes the principal activity of your business. <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ <b>HCSR EMPLOYER</b>		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <b>HCSR EMPLOYER</b>		
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 ▶		
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.		
Third Party Designee	Designee's name	Designee's telephone number (include area code)
	JARED ENDERS, SUNNY HUDSON	(623) 792-6100
Designee	Address and ZIP code	Designee's fax number (include area code)
	5416 E BASELINE RD STE 200, MESA, AZ 85206-4704	(480) 371-2241
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) ▶ <b>EMPLOYER'S NAME</b> <b>HCSR EMPLOYER</b>		<b>EMPLOYER'S PHONE NUMBER</b>
Signature ▶ <b>EMPLOYER'S SIGNATURE</b>		Applicant's fax number (include area code)
Date ▶ <b>CURRENT DATE</b>		

# Acumen Employer Agreement

- Delineation of duties, rules and responsibilities of Employer, Fiscal Agent and Program
- Includes attestation to a general understanding and conditions of the program
- Two pages of details. Only second page needs to be signed & returned
- Signed and dated by Employer



Electronic Signature Accepted



## SD Family Support 360 Program Participant/Employer Acumen Agreement Form

This Agreement is between Acumen Fiscal Agent and the Participant/Employer as stated below.

General understanding and conditions of the SD Family Support 360 Program:

- Participation in this Participant Direction option is a decision I have made after consultation with my Family Support Coordinator.
- I have received from my Family Support Coordinator any/all program related information about my service delivery options and the rules and regulations regarding my participation in the Family Support 360 Program. I understand it is my responsibility as the Employer to abide by all the

- I understand that, on occasion, I may receive automated (general announcement) communication from Acumen regarding important program and/or payroll information as it relates only and specifically to the Family Support 360 Program.
- I understand it is my responsibility to notify my Family Support Coordinator immediately of any significant changes in circumstances that may affect the participant's Budget/Spending Plan and/or safety.
- I understand it is my responsibility to notify Acumen immediately of any changes that effect my eligibility for services. (e.g. loss of Medicaid, hospitalization, placement in a facility) I understand I may be responsible for payment of any work performed during the loss of eligibility.
- I understand all requests for payment must be submitted through Acumen's online time entry system which requires password-protected employer approval. I understand that Acumen will not process a payment request without proper employer approval.
- I attest that I will submit and/or approve all payment requests in accordance with the Program regulations. I understand that payment and satisfaction of my claims may be from Federal and State funds, and that I may be prosecuted under applicable Federal or State laws, for any false claims, statements or documents or concealment of a material fact. Any misuse of funds may result in being fined or penalized including but not limited to the repayment of claim. Any collection costs or legal fees will be my responsibility to pay.
- I understand any request for a payment that is more than 30 days from the date of service may have a delay in payment. Acumen will need to request an exception from the state. Please refer to the Paying Your Supports packet.

My signature below confirms my understanding and agreement to abide by the terms and conditions as stated above.

Name of Participant: Participant Name

Name of Employer/ Representative (if applicable): Employer Name

Phone: (123 ) 456-7890 Email Address: Employee Email

Employer Signature

Participant/Employer Signature

Signature Date

Date

Acumen Fiscal Agent, LLC.  
5416 E. Baseline Rd., Suite 200  
Mesa, AZ 85206  
Phone: (866) 499-0624  
Fax: (866) 496-4564  
[enrollment@acumen2.net](mailto:enrollment@acumen2.net)

SD FS Rev. 05-2023

# Form 2108 – POA Authorization of Agent

- Appoints Acumen as Fiscal Agent with the state of South Dakota – which means we can pay state taxes on the employer's behalf
- Existing EIN should be added to Federal ID Number field
- **TAX Power of Attorney** box already selected for you
- Add Employer Name at the bottom
- Domestic Employer title should appear



Electronic Signature Accepted

SD EForm - 2108 V3 Complete and use the button at the end to print for mailing. To print a blank form, use print options provided by your browser

Form POA

**POWER OF ATTORNEY (POA)/AUTHORIZATION OF AGENT**

South Dakota Department of Labor and Regulation  
Reemployment Assistance  
PO Box 4730  
Aberdeen, SD 57402-4730  
Phone 605.626.2312 • Fax 605.626.3347

Effective Date: [ ] That the Undersigned Employer: Employer Name [ ]

Employer's Mailing Address: 123 Main St [ ] Pierre [ ] SD [ ] 57501 [ ]

(Check One)  Corporation  Partnership  Individual  LLC

Federal ID Number: 12-3456789 [ ] SD RA Account Number: [ ] OR  Applied For

Does Hereby Appoint POA: ACUMEN FISCAL AGENT LLC [ ]

Along with its divisions and subsidiaries the true and lawful attorneys-in-fact of the undersigned, until further written notice, to represent the undersigned before any and all government bodies, agencies or instrumentalities, regarding the following matters:

**POWER OF ATTORNEY/ADDRESS AUTHORIZATION (Mark all that apply)**

**TAX Power of Attorney**  
Indicate below the address that should receive all Tax information including rate notices, quarterly reports, benefit charges, delinquent notices, debit/credit notices. If left blank, the address will default to the employer's mailing address listed above.

5416 E BASELINE RD [ ]  
STE 200 [ ]  
MESA [ ] AZ [ ] 85206-4704 [ ]

**BENEFITS Power of Attorney**  
Indicate below the address that should receive all Benefit information, including claim notices and appeals. If left blank, the address will default to the employer's mailing address listed above.

[ ]  
[ ]  
[ ]

**LIMITED Power of Attorney**  
Indicating Limited Power of Attorney denotes that the appointed POA listed above files the quarterly reports for the employer. Limited Power of Attorney also allows access to employer payroll information and tax rates. **There is no address change with Limited Power of Attorney.**

Each of said attorneys-in-fact shall have the power to act with or without the others and the power and authority to perform, in the name of and on behalf of the undersigned, every act necessary to carry out the subject matter hereof as fully as the undersigned could do. The undersigned hereby ratifies and approves the acts of said attorneys-in-fact. This authorization supersedes and revokes any prior power of attorney or authorization from the undersigned relating to the subject matter hereof.

Signature: *Employer Signature* [ ] Date: Signature Date [ ]

Employer's Name and Title: Employer Name [ ] - Domestic Employer Telephone Number: Employer Phone # [ ]

# Worker's Comp Information Poster

- Information about Worker's Compensation
- This document is required for Employers to make visible or available to their employees
  - Should be posted in Client Home
- Includes important contact information if there is a workplace injury or accident
- No signatures required and Acumen does not need this back.



No Signature Needed



## Worker's Compensation Claim Reporting Guidelines for Employees

If there has been a workplace injury or accident, please take the following action:

- If the injury or accident is of a serious nature, seek medical attention immediately.
- Employees must report the injury immediately to their employer.
- Employers must report the injury as soon as possible even if it is a weekend or holiday to the Acumen Workers' Compensation Department.
- To report to Acumen, call 866-472-2297. If you get voicemail when you call, leave a message with your name, call back number, state you are located in, a brief description of the incident and if the injury is of a serious nature (including hospitalization (not ER room & home release), immediate surgery status, critical care or death) .
- Messages of injuries of a serious nature will be returned even on a weekend or holiday. All other messages will be returned the following business day.

Timely reporting of any injury that goes beyond First Aid treatment to Acumen's Workers' Compensation Department is important. When reporting, be prepared with the following information:

- Time & place the incident occurred as well as how it occurred.
- Explain in as much detail as possible what happened to cause the injury.
- Take pictures of the area where the incident occurred, if you are able to do so, and any other photos you are able to obtain that may be helpful to the claim.


Contact Acumen's Workers' Compensation Administrator. Direct line is 866-472-2297.

# Change of Information Form – CLT/ER

- ER's keep this for future use if needed.
- Complete and submit to Acumen anytime there's a change to Client and/or Employer information:
  - ✓ Name change
  - ✓ Address change
  - ✓ Phone number change
  - ✓ Email address change
- There's a separate form for Employee changes



Electronic Signature Accepted



**CHANGE INFORMATION FORM: Client or EMPLOYER**

Please complete this form and return to Acumen by one of the following methods:  
Mail: 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206  
Fax: (866) 862-6862  
Email: [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

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**Change Client Information**

Complete this section when there is a change in Client information. The Client is the individual receiving services. If the Client is also the employer, please complete this section only. For a name change, please provide the current and new name. For all other changes, only the new information is required.

Change In (select all that apply):			
Name <input type="checkbox"/>	Address <input type="checkbox"/>	Phone Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Current/Previous Name:		New Name (if changed):	
Street Address:			
City/State/Zip:			
Phone Number:			
E-mail Address:			
Client ID Number:			
Signature (Employer or Authorized Rep):			
Date:			

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**Change EMPLOYER Information**

Complete this section when there is a change in employer information. The employer is the individual who hires, trains, and manages staff. If the Client is also the employer, please complete the Client section only. For a name change, provide the current and new name and please fax or mail a copy of a legal document for name change. For all other changes, only the new information is required.

Change In (select all that apply):			
Name <input type="checkbox"/>	Address <input type="checkbox"/>	Phone Number <input type="checkbox"/>	E-mail Address <input type="checkbox"/>
Current/Previous Name:		New Name (if changed):	
Street Address (if changed):			
City/State/Zip (if changed):			
Phone Number (if changed):			
E-mail Address:			
Client ID Number:			
Signature (Employer or Authorized Rep):			
Date:			

Phone (866) 862-6861 Fax (866) 862-6862 [customerservice@acumen2.net](mailto:customerservice@acumen2.net)



# Employee Forms

To be completed by ALL paid employees



# Employee Checklist

- Checklist of essential documents required to hire an employee
- Created to help Employers keep track of items collected and submitted to Acumen
- All documents must be received complete and correct for an Employee to receive a “Good to Go”
- You do NOT need to send this checklist to Acumen



No Signature Needed



## South Dakota Family Support 360 Program Employee Packet (Keep this folder for your records)

You will need to complete the following steps in order to hire an employee:

- Interview applicants and decide who you think would be the best fit according to your particular needs.
- Have the person you decide to hire complete and send the following to Acumen:
  - I-9 Employment Eligibility Verification
    - Your employee fills out **Section I**.
    - As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin work for pay on the I-9. If the actual date of hire (first date of providing services for pay) for the employee changes from the date entered, it is the employer's responsibility to correct and re-submit the form to Acumen within three days of the actual date of hire.
    - To review Frequently Asked Questions about Form I-9, please visit [www.acumenfiscalagent.com/Resources](http://www.acumenfiscalagent.com/Resources).
  - W-4 Employee's Withholding Allowance Certificate (*for detailed instructions on how to complete this form go to [www.irs.gov](http://www.irs.gov) and type W-4 in the search box*)
  - Employee Agreement Form
  - Pay Selection Options Agreement
  - Employee Rate Sheet
  - Employee Information Relationship Disclosure
  - Employment Profile (Background check form)
  - Important Disclosure (Background check form)
  - Arbitration Agreement (Background check form)

Acumen will notify you when your employee can begin working. Do **not** allow any work to be performed prior to this notification. It could take approximately 5-7 business days before an applicant is cleared for hire. If paperwork is not complete or we do not receive copies of required forms it may take longer.

Examples of completed forms can be found in the back of this packet. Acumen recommends that you download the forms from our website to ensure that you have the most current versions. You may contact our Customer Service Center to be sure you have the most up-to-date forms or to request copies be sent to you.

### Employee Files

Acumen recommends that you maintain a current, confidential and accurate file on each employee hired. This file should contain all employee documentation as previously listed, as well as any additional disciplinary or review information. It is recommended that you keep a copy of all forms submitted to Acumen and note the date and time you submitted them.

# I-9 – Employment Eligibility (Page 1)

- It's very important that this is returned absolutely correct
- Sections with blue text are required
- If a field in Section 1 is not applicable, it CANNOT be left blank. It must state "N/A"
- In the middle section, **one** of the four boxes must be checked
- If status 4 is applicable, provide document numbers listed in that section
- Lower grey box – must check one.
  - If box 2 selected, complete bottom section



Electronic Signature Accepted

Employment Eligibility Verification		Department of Homeland Security		U.S. Citizenship and Immigration Services	
					USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022
					<p>▶ <b>START HERE:</b> Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.</p> <p><b>ANTI-DISCRIMINATION NOTICE:</b> It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.</p>
<p><b>Section 1. Employee Information and Attestation</b> (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</p>					
Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Employee Last Name		Employee First Name		M.I. or N/A	Other Name or N/A
Address (Street Number and Name)			Apt. Number	City or Town	State
Employee Physical Address			Apt # or N/A	City	State
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number	
Employee DOB	XXXX - XX - XXXX	Employee Email or N/A		Employee Phone #	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p>					
<input type="checkbox"/> 1. A citizen of the United States					
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)					
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____					
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)					
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.					QR Code - Section 1 Do Not Write in This Space
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____					
Signature of Employee				Today's Date (mm/dd/yyyy)	
Employee Signature				Signature Date	
<p><b>Preparer and/or Translator Certification (check one):</b></p> <p><input checked="" type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1.                      (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</p> <p>I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</p>					
Signature of Preparer or Translator				Today's Date (mm/dd/yyyy)	
Last Name (Family Name)			First Name (Given Name)		
Address (Street Number and Name)			City or Town	State	ZIP Code

# I-9 – Employment Eligibility (Page 2)

- This page verifies the Employee’s citizenship status with IDs
- Citizenship/Immigration Status field should match Citizenship selection on Page 1
  - If #1 Citizen, write US Citizen in box
- Sections with **blue text** are required
- Hire Date should match the ER’s signature date
  - No more than 3 days prior to ER signature date
- Let’s spend some time on List A or List B and List C – see the following slide
- **Note:** Copies of documents used are required to be viewed by the Employer of Record
  - Some states require Acumen to collect documents



Electronic Signature Accepted

List A		List B		List C	
Identity and Employment Authorization		Identity		Employment Authorization	
Document Title	Document Title	Document Title	Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number	Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information			QR Code - Sections 2 & 3 Do Not Write in This Space	
Issuing Authority					
Document Number					
Expiration Date (if any) (mm/dd/yyyy)					
Document Title					
Issuing Authority					
Document Number					
Expiration Date (if any) (mm/dd/yyyy)					

**Section 2. Employer or Authorized Representative Review and Verification**  
 (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. **Cannot be more than 3 days before signature date**

The employee's first day of employment (mm/dd/yyyy): Hire Date (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Employer Signature</i>	Today's Date (mm/dd/yyyy) Employer Signature Date	Title of Employer or Authorized Representative Domestic Employer
Last Name of Employer or Authorized Representative Employer Last Name	First Name of Employer or Authorized Representative Employer First Name	Employer's Business or Organization Name Employer Name
Employer's Business or Organization Address (Street Number and Name) Employer Physical Address	City or Town City	State State
		ZIP Code Zip Code

**Section 3. Reverification and Rehires** (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# I-9 – Employment Eligibility (Page 3)

- If Employee is using a document from List A, only one document is required. Fill out one segment of List A (back on page 2) and you're all set.
- If using a document from List B, an accompanying document from List C must also be submitted
- The most common documents provided are current state driver's license and social security card.
- **Note:** Copies of documents used are required to be viewed by the Employer of Record



No Signature Needed

LISTS OF ACCEPTABLE DOCUMENTS		
All documents must be UNEXPIRED		
Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.		
LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity
		AND
LIST C Documents that Establish Employment Authorization		
<ol style="list-style-type: none"> <li>U.S. Passport or U.S. Passport Card</li> <li>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>Employment Authorization Document that contains a photograph (Form I-766)</li> <li>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>Foreign passport; and</li> <li>Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>The same name as the passport; and</li> <li>An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	<ol style="list-style-type: none"> <li>Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>School ID card with a photograph</li> <li>Voter's registration card</li> <li>U.S. Military card or draft record</li> <li>Military dependent's ID card</li> <li>U.S. Coast Guard Merchant Mariner Card</li> <li>Native American tribal document</li> <li>Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>School record or report card</li> <li>Clinic, doctor, or hospital record</li> <li>Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>NOT VALID FOR EMPLOYMENT</li> <li>VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>Native American tribal document</li> <li>U.S. Citizen ID Card (Form I-197)</li> <li>Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>Employment authorization document issued by the Department of Homeland Security</li> </ol>

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

# W-4 - Employee Withholdings

- Employee Tax Withholding Certificate
- Sections with **blue text** are required
- Do not use a P.O. Box for the address
- Read Step 2 carefully and check the box if it is determined to be applicable.
- If dependents are claimed, complete calculations explained in Step 3
- If “EXEMPT” this means no federal or state taxes will be withheld, but wages will still be reported, and Employee will receive a W2 for tax filing purposes
- NOTE: Don't forget Employer's name and address at the very bottom!



Electronic Signature Accepted


Form <b>W-4</b>		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		<b>2023</b>
<b>Step 1:</b> Enter Personal Information	(a) First name and middle initial <b>Employee First Name</b>	Last name <b>Employee Last Name</b>	(b) Social security number <b>Employee SSN</b>	
	Address <b>Employee Physical Address</b>		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.	
	City or town, state, and ZIP code <b>City, State, Zip</b>			
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)			
<b>Select One</b>				
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.				
<b>Step 2:</b> Multiple Jobs or Spouse Works	Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/>			
Read Section 2				
TIP: If you have self-employment income, see page 2.				
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
<b>Step 3:</b> Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____		Enter Amount Even if 0	
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .		3	\$
<b>Step 4 (optional):</b> Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .		4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .		4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . . . .		4(c)	\$
<b>Step 5:</b> Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. <i>Employee Signature</i>			Signature Date
	Employee's signature (This form is not valid unless you sign it.)		Date	
<b>Employers Only</b>	Employer's name and address <b>Employer Name &amp; Address</b>	First date of employment	Employer identification number (EIN)	
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form <b>W-4</b> (2023)				

# Employee Agreement

- Outlines the roles and responsibilities of Employee, Acumen, & the Program
- Employee attests to understanding the basic rules of the program
- Two pages of details. Only signed page is required to be returned
- Signed and dated by Employee & Employer



Electronic Signature Accepted



**South Dakota Family Support 360  
Self-Directed Option Employee Agreement**

Name of Participant Participant Name Participant Name (Print) Medicaid ID # Medicaid #

Name of Employee Employer Name Employee Name (Print)


Employee Address Employee Physical Address

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Employee Phone Employee Phone # Phone Number (include area code) Employee Email Employee Email Email Address

The employee agrees to accept payment for services provided for individuals served through the South Dakota Family Support 360 Program. The participant's FEA is not a South Dakota government agency. Acceptance and endorsement of payment will signify that the employee agrees to the following terms and conditions. **Please initial by each number:**

- CC I understand and acknowledge that the Participant or their representative is my employer. My employer is not the Participant's FEA, the South Dakota Family Support 360 Program or any other entity involved with this Self-Directed Employer Option.
- CC I accept payment from my Participant's FEA as payment in full for the services I accept any additional compensation for the hours I have worked.



7. CC I will immediately notify a person designated by the employer of any Participant medical emergency, illness, or visit to a physician.

8. CC I will take part in any meetings if requested by and/or regarding the Participant.

9. CC I understand and consent to having the following criminal checks completed when required: South Dakota Department of Health Services criminal background check and/or a national criminal background check. I understand my employment is contingent upon receiving the result of my background check(s) in accordance with all applicable laws, rules and policies.

10. CC I understand that the results of my background checks will be made available to my prospective employer and other program staff as necessary and/or required.

11. CC I agree to complete all required paperwork and be approved prior to providing each service(s) requested under this self-directed program.

12. CC I understand and acknowledge that any untruthful submission of services provided in an attempt to obtain improper payment is subject to investigation as Medicaid Fraud. Medicaid Fraud is a felony and can lead to substantial penalties and/or imprisonment.

the services that have been approved by my employer and Participant's Budget/Spending Plan.

as the employee providing service, I am responsible to submit upon time entry to include the following:  
various covered activities (services) involving the participant ces,  
ations or incidents (good or bad) that arise affecting the participant ces,  
documentation is completed at the time of service.

Department or its designee information regarding the service(s) payment was made, upon request.

employment is dependent on the Participant's participation in the only Support 360 Self Directed Employer Option.

Page 1 of 2  
SD FS 05-2023

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By signing below, I acknowledge that I have read this employee agreement in its entirety (2 pages). I understand that I must sign and return both pages as a condition of employment in this program and that I cannot begin working in the Self-Directed Employer Option Family Support 360 program until this form is completed and returned to my Participant's FEA. I further acknowledge by signing below, that I understand what is required of me, and agree to abide by its terms and conditions. I further understand and agree that violation of any of the terms and/or conditions of this agreement may result in termination of this agreement and payment for employment to any Medicaid Recipient of this program.

*Employee Signature*

Employee signature

Signature Date

Date

*Employer Signature*

Employer/Participant signature

Signature Date

Date

Page 2 of 2  
SD FS 05-2023

# Pay Selection Form (DD Info)

- Establishes how an Employee would like to be paid
- Must select a checkbox at the top
- If selecting Direct Deposit, a voided check or bank letter with account information is required
- Must be signed by Employee
- Note: If bank account is under someone else's name, must be indicated on form
- Example shown is for Direct Deposit into one checking account



Electronic Signature Accepted

*I choose to receive my pay by (please check one box below):*

Check  Direct Deposit  Pay Card

**DIRECT DEPOSIT INFORMATION**

Please attach a voided check or bank letter for checking or savings account(s). For savings accounts, please send a printout from your bank that provides the routing number and account information. Submit any changes to your account(s) immediately!

<b>Primary Account 1</b> Account Type: <input checked="" type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout) <input checked="" type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage	<b>Secondary Account 2 (Mandatory for Flat dollar option)</b> Account Type: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout) <input type="checkbox"/> Remainder account. (Used if percentage is less than 100% or net pay exceeds the flat dollar amount listed for Primary Account 1)
Financial Institution Name <u>Bank Name</u>	Financial Institution Name
Financial Institution Address	Financial Institution Address
Routing Number <u>Bank Routing Number</u>	Routing Number
Account Number <u>Bank Account Number</u>	Account Number
Flat dollar amount or % of check to be deposited:	All remaining funds exceeding Primary Account 1 allocations will deposit into this account.

Are you the account holder for the account(s) listed above?  Yes  No

If "no," what is the name of the account holder? \_\_\_\_\_

If "no," employee agrees to have their funds deposited into this account. \_\_\_\_\_  
*Employee Signature*

**AUTHORIZATION FOR DIRECT DEPOSIT or PAY CARD or PAPER CHECK**

I hereby authorize Acumen Fiscal Agent, LLC (herein after "Company") to deposit any amount owed to me for wages and/or reimbursements by initiation of credit entries to my account at the financial institution (hereinafter "Bank") handling my choice indicated above. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Company receives written notice from me of its termination in such time and in such a manner as to afford a reasonable opportunity to act on it. If my method of payment is pay card, as the pay card holder, it is my responsibility to close this account should I no longer choose to have payments deposited in this manner. If I selected Paper Check, I understand that Acumen will make every effort to ensure my check will arrive by payday; however, it is impossible to guarantee the date that my paper check will arrive. Acumen is not responsible for any delays or misdirected mail after checks have been submitted to the U.S. Postal Service. If my paper check does not arrive within 5 business days of payday, I can call Acumen to issue a stop payment and have a new check issued. I understand that if I request a stop payment, a processing fee of \$35.00 will be deducted from my new check. If I require that this fee be waived, I must sign up for either direct deposit or a Pay Card. I understand that the Money Network pay card will have fees for transactions, and that I will be responsible for these fees if I choose this option. I understand that I may elect to have direct deposit to an existing pay card that is already in my name, as long as I provide supporting documentation to verify the routing & account number and name on the account. I understand that Acumen is not liable for any pay card fraudulent activity related to third party transactions. I understand that upon my request, Acumen may attempt a payment reversal. However, if the reversal is not successful, I understand that Acumen is not responsible and I will need to work with my institution to rectify said payment.

<u>Employee Name</u> Print Name	<u>Employee SSN</u> Social Security Number	<u>Employee DOB</u> Date of Birth
<u>Employee Email</u> Email Address for Paystub Delivery	<u>Employee Signature</u> Signature	<u>Signature Date</u> Date

Return completed form by email [enrollment@acumen2.net](mailto:enrollment@acumen2.net), fax (666) 862-6862 or mail to 5416 E. Baseline Rd., Ste. 200, Mesa, AZ 85206

# Employee Rate Sheet

- Provides Acumen with the pay rate for each service the employee is authorized to provide
- All forms will require Employee Info, Pay Rates, & Employer & Employee Signature
- Do not write “Max Amount” – we need an actual hourly dollar amount
- Only complete rates for approved services
- Refer to the Show Me the Money table
- Signed and dated by Employer & Employee



Electronic Signature Accepted



## South Dakota Family Support 360 Employee Rate Form

To ensure proper payment, please provide Acumen with the following information so the employee is paid the correct rate for the service(s) provided. Please consult the Show Me the Money\* form for rate information. Rate changes must be received by Acumen at least two (2) weeks prior to the pay period start date for which they are to take effect. If a two (2) week notice is not provided, the form will not be processed. Retroactive rate changes are not allowed.

Employee Name (please print): Employee Name

Employee Social Security Number (last 4 digits): Employee Last 4 of SSN

Using your Service Authorization and the list of Service Codes and their descriptions below, indicate the hourly pay rate you want to pay your employee. Refer to the "Show Me the Money" worksheet to help determine the hourly rate. You must inform your employee of any rate changes. Complete this form for any new employee.

Service Code:	PCS – Personal Care Services	Employee Rate: \$ <u>Hourly Pay Rate</u>
Service Code:	RSP – Respite Care Services	Employee Rate: \$ <u>Hourly Pay Rate</u>
Service Code:	CC – Companion Care	Employee Rate: \$ <u>Hourly Pay Rate</u>
Service Code:	SE – Habilitation, Supported employment	Employee Rate: \$ <u>Hourly Pay Rate</u>

Effective Date: Pay Effective Date (\*rate changes cannot be retroactive)

Participant Name (please print): Participant Name

Employer Signature Signature Date  
Participant or Representative Signature Date

- Please complete this form for each new employee and each time you would like to change your employees' pay rate. This form must be received by Acumen two (2) weeks prior to the pay period start date for which the rate is to take effect. If two week notice is not provided, the form will not be processed. Refer to the Pay Schedule\* to see pay period dates.
- Be advised most employers are required to pay their employees overtime (time and a half) for any hours worked over 40 each week. Please review the DOL handbook titled "Paying Minimum Wage and Overtime to Home Care Workers\*\*" which can be found on our website.

Fax: (866) 496-4564  
Email: [enrollment@acumen2.net](mailto:enrollment@acumen2.net)  
Mail: Acumen Fiscal Agent, LLC  
5416 E Baseline Rd., Suite 200  
Mesa, Arizona 85206

\*All forms can be found at [www.acumenfiscalagent.com](http://www.acumenfiscalagent.com), click on "Participant Employers" then choose your state, then choose your program.



# Show Me the Money

- This form provides Min/Max Pay Rates allowed by the program.
- Outlines how Employer Burden along with Pay Rates impact budget usage
  - Employer Burden = Taxes & Workers Comp
- Employers cannot pay less than min. wage
- This form is updated when new rates are approved by the program
- Acumen does NOT need to receive this with the rest of the Employee paperwork



No Signature Needed



## Show Me the Money

It costs you, the employer, more to employ someone than just their wages. By law, employers must pay a portion of an employee's Social Security and Medicare taxes, as well as Federal and State unemployment taxes. Workers' Compensation Insurance is part of your program, and is also an employer-related cost. The amounts you pay for each of these is a percentage of your employee's wage, and are as follows:

Social Security	- 6.20%
Medicare	- 1.45%
Federal Unemployment	- 0.60%
State Unemployment	- 1.75%
Workers' Compensation	- 3.95%
<b>Total</b>	<b>- 13.95 %</b>

What this means is that for every \$1.00 you pay in wages, you must add approximately 15 cents to pay for taxes and Workers' Compensation. Acumen calls this the "Cost to Budget," and we calculate and pay these amounts from your budget allocation on your behalf.

Simply fill in the blanks below to determine the "Cost to Budget."

	X=	1.1395	
Employee Wage		Taxes & Workers' Comp	Cost to Budget (always round up)

The tables below are provided so you can estimate your cost to employ someone. The examples show a variety of wage amounts. The "Cost to Budget" column shows the wage multiplied by 1.1395. You can pay your employee an amount other than ones listed – just multiply the amount you want to pay by 1.1395, round up to the nearest penny, and you'll have the estimated Cost to Budget. You may also call Acumen's customer service team, and they will help you calculate your cost.

Federal min wage		State min wage		Federal min wage		State min wage		Federal min wage		State min wage	
Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget	Hourly Wage	Cost to Budget
\$7.25	\$8.26	\$10.00	\$11.40	\$13.50	\$15.38	\$17.00	\$19.37				
\$7.50	\$8.55	\$10.25	\$11.68	\$13.75	\$15.67	\$17.25	\$19.66				
\$7.75	\$8.83	\$10.50	\$11.96	\$14.00	\$15.95	\$17.50	\$19.94				
\$8.00	\$9.12	\$10.80	\$12.31	\$14.25	\$16.24	\$17.75	\$20.23				
\$8.25	\$9.40	\$11.00	\$12.53	\$14.50	\$16.52	\$18.00	\$20.51				
\$8.50	\$9.69	\$11.25	\$12.82	\$14.75	\$16.81	\$18.25	\$20.80				
\$8.75	\$9.97	\$11.50	\$13.10	\$15.00	\$17.09	\$18.50	\$21.08				
\$9.00	\$10.26	\$11.75	\$13.39	\$15.25	\$17.38	\$18.75	\$21.37				
\$9.25	\$10.54	\$12.00	\$13.67	\$15.50	\$17.66	\$19.00	\$21.65				
\$9.50	\$10.83	\$12.25	\$13.96	\$15.75	\$17.95	\$19.25	\$21.94				
\$9.75	\$11.11	\$12.50	\$14.24	\$16.00	\$18.23	\$19.50	\$22.22				
\$9.25	\$10.54	\$12.75	\$14.53	\$16.25	\$18.52	\$19.75	\$22.51				
\$9.50	\$10.83	\$13.00	\$14.81	\$16.50	\$18.80	\$20.00	\$22.79				
\$9.75	\$11.11	\$13.25	\$15.10	\$16.75	\$19.09						

Acumen Fiscal Agent, 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206  
 Phone (866) 496-0624 Fax (866) 496-4564 [customerservice@acumen2.net](mailto:customerservice@acumen2.net)

# Employee Information Form

- Discloses relationship between Employer and Employee
- One of the 4 checkboxes must be selected
- The Employee/Employer relationship may impact the Employer tax liability
- Acumen will take care of setting this up based on the disclosed relationship
- Note: it's the relationship between Employee and Employer of Record
  - This may or may not be the Client
- Signed/dated by Employee



Electronic Signature Accepted

**Employee Information Form**  
*Relationship Disclosure*

Employee Name: Employee Full Name SSN: Employee Full SSN  
Physical Address: Employee Physical Address City/State/Zip: City, State, Zip  
Mailing Address (if different): \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
County of Physical Address: Employee County  
Phone Number: Employee Phone Number Email (optional): Employee Email  
Name of Member/Employer: Client Name

**Instructions:** There are some tax exemptions for certain domestic employer and employee relationships. Please check any of the below boxes if you, as the employee, and the employer have any of the relationships listed:

**None**, no relation to employer  
 **\*Spouse** of the employer,  
 **\*Child** of the employer and under the age of 21  
 **\*Parent** of the employer - if this option is marked, read below and check all that apply:  
 **You are employed by your son or daughter**  
 **Your son or daughter has a child or stepchild living in the home**  
 **Your son or daughter is a widower, divorced, or is living with a spouse who, because of a mental or physical condition, cannot care for the child or stepchild for at least 4 continuous weeks in a calendar quarter**  
 **Your son or daughter's child or stepchild is under the age of 18 and requires the personal care of an adult for at least 4 weeks in a row in a calendar quarter due to a mental or physical condition**

**\*Internal Use Only**

- If Parent (employee) selected all 4 parent conditions, parent/employee is **FUTA and SUTA Exempt**
- If Parent (employee) did **NOT** select all 4 parent conditions, parent/employee is **FICA, FUTA, SUTA Exempt**
- If Spouse or Child are selected, employee is **FICA, FUTA, SUTA Exempt**

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:  
A. Child employed by parents - Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (*IRS Pub.15, Section 3, Paragraph 1*)  
B. One spouse employed by another - Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. (*IRS Pub.15, Section 3, Paragraph 2*)  
C. Parent employed by child - Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (*IRS Pub.15, Section 3, Paragraph 4*)

The State of Oklahoma follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the employee falls into the category of Spouse or Child as outlined above, Social Security and Medicare tax will not be withheld from their checks. If the employee falls into the category of Parent and meets all 4 parent conditions, Social Security and Medicare tax **will** be withheld from their checks. If the employee is exempt from FUTA, SUTA, Social Security and Medicare, the employer will not be charged for their share of Social Security and Medicare or FUTA and SUTA withholdings.

Employee Signature: Employee Signature Date: Signature Date

# Background Check Forms (BGC)

- Every paid employee must complete a Background Check
- South Dakota requires this check to be done by HR ProFile
- Complete 3 forms including
  - Employment Profile
  - Important Disclosure
  - Arbitration Agreement
- Copies of Drivers License & Social Security Card may be required

**HR ProFile**  
Employment Screening

**EMPLOYMENT PROFILE**  
Authorization Form to be Fully Completed & Signed  
\*\*\*\*\* Please Print Clearly \*\*\*\*\*

Human Resource ProFile, Inc.  
8500 Beechmont Ave.  
Cincinnati, OH 45255-4708  
800-969-4300 / 513-388-4300

**INDIVIDUAL INFORMATION**

Name: Employee Name  
Last First MI Maiden

Address: Employee Physical Address City/State City, State, Zip County Zip

Previous City/State County Zip

Social Security # Employee SSN Driver's License Number Employee DL #

Date of Birth MM / DD / YYYY Age is not a criterion in any decision, but is used for identification purposes ONLY. Driver's License State of Issuance Drivers License State

License # State

**HR ProFile**  
Employment Screening and Drug Testing

Please read before completing and signing

I HAVE BEEN INFORMED IN WRITING A "REPORT" AND/OR AN "INVESTIGATIVE CONSUMER REPORT" ON ME FOR EMPLOYMENT PURPOSES.

I FURTHER UNDERSTAND THAT I HAVE RECEIVED A COPY OF THE "INVESTIGATIVE CONSUMER REPORT RESOURCE PROFILE AND PROVIDED TO ME. I ALSO UNDERSTAND THAT I HAVE CONTACTED THE SOURCE OF THE INFORMATION AND DISPUTE ANY ERRONEOUS INFORMATION.

I FURTHER UNDERSTAND I HAVE A RIGHT TO REQUEST CORRECTION OF ANY INFORMATION UPON PROPER IDENTIFICATION, TO REQUEST DELETION OF ALL INFORMATION IN ITS FILES ON ME AND TO REQUEST THAT I BE NOTIFIED OF ANY SUCH ACTION.

I ALSO ACKNOWLEDGE THAT I HAVE REVIEWED THE INFORMATION AND DISPUTE ANY ERRONEOUS INFORMATION.

Signature Employee Signature

**IMPORTANT DISCLOSURE**  
FCRA Required  
Clear and Conspicuous Notice

**SCHOOLS ATTENDED**

City/State	Phone Number	Dates From To	Graduate? Y / N	Degree Type Earned
and year received:		Name as it appears on high school diploma or GED certificate:		

Investigative consumer report may be obtained on me for employment purposes. I hereby authorize Human Resource ProFile, Inc., an independent contract agency, information held by me for record and for record of convictions in federal, state and local files for violations of any federal, state or local law, compensation history, driving record, government agency lists, and scholastic records and hereby release Human Resource ProFile, Inc., its agents, employees, and subcontractors from any liability for any damage whatsoever for issuing this report.

**ARBITRATION AGREEMENT**  
(This Agreement cannot be altered, or else it is rendered null and void)

Employee Name \_\_\_\_\_ is an applicant/employee (the "Applicant/Employee") for employment with Employer Name \_\_\_\_\_ (the "Prospective Employer/Employer") and understands that the Prospective Employer/Employer will request that a Background Check be performed on him/her by Human Resource ProFile, Incorporated ("HRP") as a condition of employment.

For good and valuable consideration, including prospective or continued employment, the sufficiency of which is hereby acknowledged, the Applicant/Employee, Prospective Employer/Employer and HRP (hereinafter referred to individually as a "Party" and collectively as the "Parties") hereby agree that any and all claims or causes of action against a Party(ies) by another Party(ies) under the Fair Credit Reporting Act ("FCRA") or any other applicable federal or state law, whether based in tort, contract or other basis, which arises in any way from the Background Check Report, disclosures required under the FCRA or state law, any adverse action taken by the Prospective Employer/Employer or by HRP on behalf of the Prospective Employer/Employer, or any other alleged violations of federal, state or local law, shall be arbitrated by the Parties in accordance with the Federal Arbitration Act ("FAA"). Such arbitration shall take place in the county in which the Prospective Employer/Employer is located or where the prospective employment was to take place or employment took place.

IN WITNESS WHEREOF, the Parties have signed this Agreement as of the date set forth opposite their respective signatures.

Employee Signature \_\_\_\_\_ Signature Date \_\_\_\_\_  
Applicant/Employee's Signature Date

Employer Name \_\_\_\_\_  
(Print Name of Prospective Employer/Employer) Human Resource ProFile, Incorporated

By: [Signature] \_\_\_\_\_ By: [Signature] \_\_\_\_\_

HRP as its duly authorized Agent  
Print Name: Mark Owens \_\_\_\_\_ Print Name: Mark Owens \_\_\_\_\_  
Title: President \_\_\_\_\_ Title: President \_\_\_\_\_  
Date: April 1, 2023 \_\_\_\_\_ Date: April 1, 2023 \_\_\_\_\_



Electronic Signature Accepted

# Payment Schedule

- Schedule of pay period start/end dates, time submission due dates and pay dates.
- Should be followed closely and provided to Employees.
- Non-adherence to Payment Schedule could mean late payments to Employees.
- If transferring from a different FMS agency, keep in mind the deadlines and paydays are not necessarily the same as your previous provider.
- Dates and deadlines will vary by State & Program



No Signature Needed



## SD Family Support 360 Payment Schedule – July 2023 to June 2024

To ensure that your employees are always paid on time, please ensure your employee's time is entered and approved online by the due date, *even if it falls on a weekend or holiday*. These dates are strictly enforced. Any time that is approved after the due date or payment requests received after that date will be processed for the following payment period. Be sure to have all hours entered and approved by the "Submissions Due NO Later Than" date. To access the DCI Employer and Employee Portal, go to: <http://acumen.dcisoftware.com>

If you prefer, you may fax your submissions to (866) 496-4564. Acumen's fax machines can receive faxes 24 hours a day, 7 days a week. Please be sure to get verification from the fax machine that your fax was successfully sent. If you have any questions or concerns, contact one of our agents, or our Customer Call Center at (866) 499-0624 or email us at [enrollment@acumen2.net](mailto:enrollment@acumen2.net)

Payment Period Start Date	Payment Period End Date	Employee Pay/Vendor Requests Due NO Later Than	Direct Deposit/Check Date
07/02/23	07/15/23	Mon, 07/17/23	Fri, 07/28/23
07/16/23	07/29/23	Mon, 07/31/23	Fri, 08/11/23
07/30/23	08/12/23	Mon, 08/14/23	Fri, 08/25/23
08/13/23	08/26/23	Mon, 08/28/23	Fri, 09/08/23
08/27/23	09/09/23	Mon, 09/11/23	Fri, 09/22/23
09/10/23	09/23/23	Mon, 09/25/23	Fri, 10/06/23
09/24/23	10/07/23	Mon, 10/09/23	Fri, 10/20/23
10/08/23	10/21/23	Mon, 10/23/23	Fri, 11/03/23
10/22/23	11/04/23	Mon, 11/06/23	Fri, 11/17/23
11/05/23	11/18/23	Mon, 11/20/23	Fri, 12/01/23
11/19/23	12/02/23	Mon, 12/04/23	Fri, 12/15/23
12/03/23	12/16/23	Mon, 12/18/23	Fri, 12/29/23
12/17/23	12/30/23	Tue, 01/02/24	Fri, 01/12/24
12/31/23	01/13/24	Tue, 01/16/24	Fri, 01/26/24
01/14/24	01/27/24	Mon, 01/29/24	Fri, 02/09/24
01/28/24	02/10/24	Mon, 02/12/24	Fri, 02/23/24
02/11/24	02/24/24	Mon, 02/26/24	Fri, 03/08/24
02/25/24	03/09/24	Mon, 03/11/24	Fri, 03/22/24
03/10/24	03/23/24	Mon, 03/25/24	Thu, 04/04/24
03/24/24	04/06/24	Mon, 04/08/24	Fri, 04/19/24
04/07/24	04/20/24	Mon, 04/22/24	Fri, 05/03/24
04/21/24	05/04/24	Mon, 05/06/24	Fri, 05/17/24
05/05/24	05/18/24	Mon, 05/20/24	Fri, 05/31/24
05/19/24	06/01/24	Mon, 06/03/24	Fri, 06/14/24
06/02/24	06/15/24	Mon, 06/17/24	Fri, 06/28/24
06/16/24	06/29/24	Mon, 07/01/24	Fri, 07/12/24

"Payment Period Start/End Date" is the first/last day of service pay period (days worked).

"Direct Deposit/ Check Date" shows the date that payment will be issued. For those payees that have selected direct deposit or pay card this is also the date that funds will be available in their accounts.

"Employee and Vendor Requests Due NO Later Than" is the last date that your time sheets or payment requests can be received, or that your WTE approvals can be entered, for the pay period.

# Employee Termination Form

- When an Employee quits or is terminated, let Acumen know right away.
- We need to know the termination date, whether the termination was voluntary or involuntary, and the reason.
- Employees often file for unemployment and the state will need termination details.
- Notifying Acumen timely also helps eliminate potential fraud by Employees who are no longer eligible to receive payment.
- Additional details may be required



Electronic Signature Accepted

EMPLOYEE TERMINATION FORM	
Employers must complete the following information when an employee stops working for them. Please complete this form and return it to Acumen in one of the following ways:	
Mail:	5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206
Fax:	(866) 496-4564
E-mail:	payroll-SD@acumen2.net
Your state has laws regarding how quickly an employee's final paycheck must be issued. Please make sure the final hours owed to your employee have been approved and submitted so Acumen can help you comply with the final paycheck laws in your state.	
EMPLOYEE NAME:	
EMPLOYEE ID #:	
LAST DATE OF EMPLOYMENT:	CHECK ONE VOLUNTARY <input type="radio"/> INVOLUNTARY <input type="radio"/>
REASON FOR ENDING EMPLOYMENT:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS IN THE MAIL, THE FINAL PAYCHECK WILL BE SENT TO THE ADDRESS ON FILE. IF THE CHECK NEEDS TO BE SENT TO A DIFFERENT ADDRESS, PLEASE PROVIDE THAT ADDRESS BELOW:	
IF YOUR EMPLOYEE RECEIVES PAYCHECKS ELECTRONICALLY (DIRECT DEPOSIT OR PAYCARD), THE FINAL PAYCHECK WILL BE DELIVERED ELECTRONICALLY. IF A PAPER CHECK IS NEEDED INSTEAD, PLEASE PROVIDE THE ADDRESS WHERE THAT CHECK SHOULD BE SENT BELOW:	
PARTICIPANT NAME AND ID #:	
EMPLOYER NAME:	
EMPLOYER SIGNATURE:	DATE:



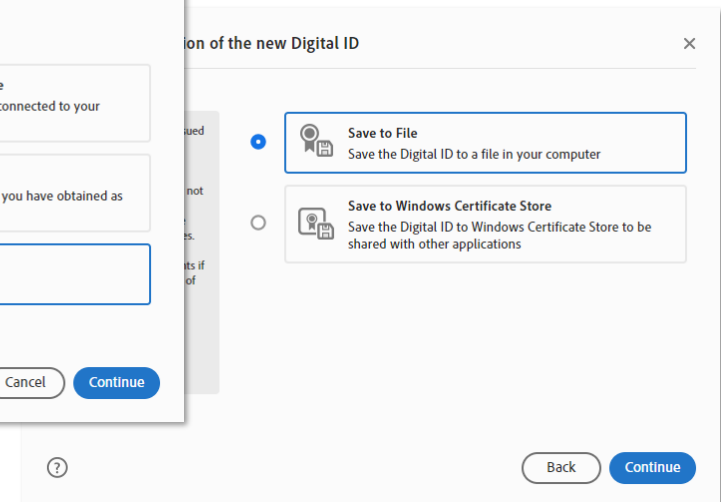
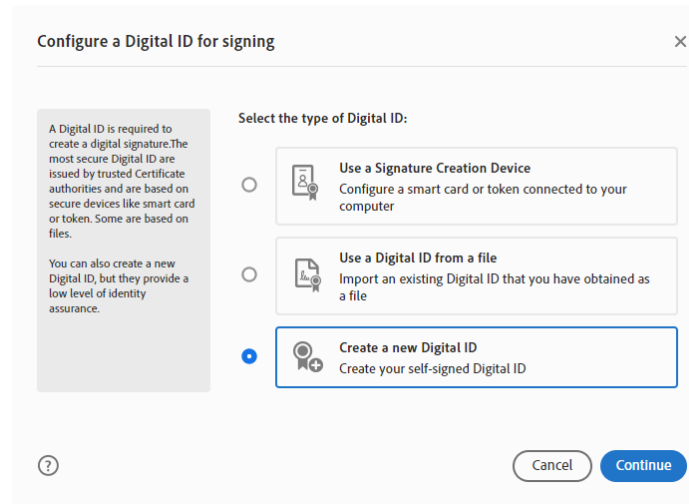
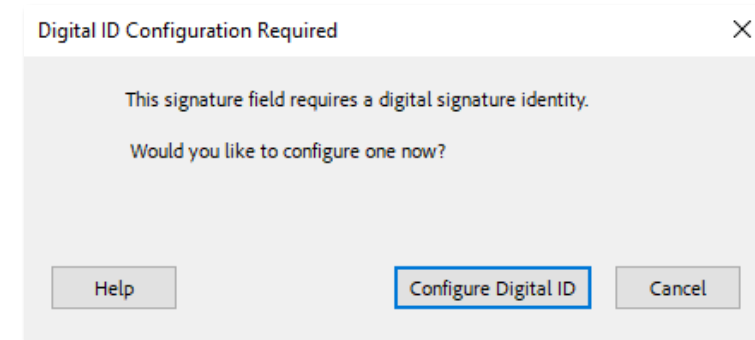
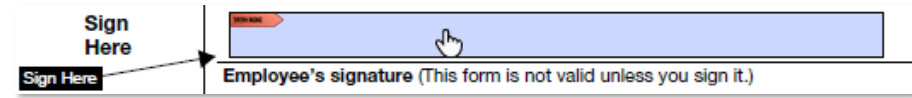
# Digital Signature

Quickest option to sign most forms

Print & Sign is always available

# Create Digital Signature

- Select the Signature box to begin
- Then select Configure Digital ID
- Select Create a new Digital ID
  - If Digital ID already exists, select Option 2 to use
- Select Continue
- Select Save to File
- Select Continue



# Create Digital Signature...continued

- Enter full legal name of signer
- Enter email of signer
- Select Continue
- Enter Password to protect your new Digital ID
- Confirm Password
- Select Save
- Select Continue

The image displays three overlapping screenshots of the Adobe Acrobat 'Create a self-signed Digital ID' wizard. The top window, titled 'Create a self-signed Digital ID', shows a form with the following fields: Name (John Smith), Organizational Unit (Enter Organizational Unit...), Organization Name (Enter Organization Name...), Email Address (john@email.com), Country/Region (US - UNITED STATES), Key Algorithm (2048-bit RSA), and Use Digital ID for (Digital Signatures). A 'Continue' button is visible. The middle window, titled 'Apply a password to protect the Digital ID:', shows a password entry field with a strength indicator and a 'Confirm the password:' field. A 'Save' button is visible. The bottom window, titled 'Sign with a Digital ID', shows a list of Digital ID files with one selected: 'John Smith (Digital ID file)' issued by John Smith, expires 2028.07.24. A 'Continue' button is visible.



# Create Digital Signature...continued

- Next you will see your digital signature
- Enter password to use
- Select Sign to digitally sign form
- Save packet to your desktop
  - Saving after each signature is required
- View signed form to confirm your digital signature & date
  - If Date does not auto fill, enter date

Sign as "John Smith" ×

Appearance Standard Text ▼ Create

**John Smith** Digitally signed by John Smith  
Date: 2023.07.24 13:46:58 -07'00'

[View Certificate Details](#)

Review document content that may affect signing Review

..... Back Sign

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	John Smith	Digitally signed by John Smith Date: 2023.07.24 14:37:37 -07'00'	07/24/2023
Sign Here	Employee's signature (This form is not valid unless you sign it.)	Date	

# Repeat & Confirm Signature/Date

## Once Digital ID is created

- Repeat digital signature process on all required forms
- View each signed form to confirm your signature & date
- Repeat process for each signature box

If filing exempt, leave Steps 2, 3 & 4 blank. Write EXEMPT here → Not Exempt (n)

**Step 5: Sign Here**  
Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here** → **Employee's signature** (This form is not valid unless you sign it.) **Date**

**Employers Only**  
**Employer Name Here** → **Employer's name and address** **First date of employment** **Employer identification number (EIN)**

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2023)

Sign with a Digital ID

Choose the Digital ID that you want to use for

John Smith (Digital ID file)  
Issued by: John Smith, Expires: 2028

Sign as "John Smith"

Appearance: Standard Text

Create

John Smith

Digitally signed by John Smith  
Date: 2023.07.23

Save As

OneDrive - Acumi Name Date modified

This PC \_SD FS 360 Employee Packet 07.12.23 7/24/2023 3:11 PM

3D Objects Ext HD 10/24/2022 10:54 AM

Desktop HDrive 11/22/2022 1:02 PM

Documents

Downloads

Local Disk (D:)

File name: \_SD FS 360 Employee Packet 07.12.23

Save as type: Adobe PDF Files (\*.pdf)

Hide Folders Save Cancel

! \_SD FS 360 Employee Packet 07.12.23.pdf already exists.  
Do you want to replace it?

Yes No

# General Reminders

- The IRS only accepts Wet Signatures on certain forms
  - Form-2678 & Form SS-4 must be signed by hand
- To ensure accuracy, electronically complete & sign forms\*
  - \*If available. Forms listed above cannot be e-signed (2678, SS-4)
- Be sure Employee & Employer signs in the correct spot
  - Some forms require both signatures, errors may be returned
- Best practice is to submit all documents together
  - Scan and attach 2678 & SS-4 in same email as e-signed packet
- Combined EE/ER packets available upon request

# How & Where to Send

## 3 options to return forms to Acumen

**Email:** [Enrollment@acumen2.net](mailto:Enrollment@acumen2.net)

**Fax:** (866) 496-4564

**Mail:** Acumen Fiscal Agent, LLC.

5416 E Baseline Rd., Suite 200

Mesa, AZ 85206

Our Customer Service team is available Monday – Friday (5:00 am – 5:00 pm AZ Time)

CS Phone: (866) 499-0624 | CS Email: [customerservice@acumen2.net](mailto:customerservice@acumen2.net)