




Veteran Employer & Employee Enrollment Paperwork

Acumen Fiscal Agent
San Diego Veterans Independence Services at Any Age Program
September 2021




Veteran/Employer Forms

To be completed by the Veteran Employer and/or their
Designated Representative

Employer Checklist

- Checklist for Veteran/Employer for documents relating to become and Employer of Record
- Return documents to Acumen's enrollment department
- Enrollment@acumen2.net
- Included "SD-VISA" somewhere in subject line, pretty please!


Employer Packet
(keep this folder for your records)

Congratulations on self-directing your supports. 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.

Becoming an Employer: Inside this folder you will find the necessary forms and instructions which will authorize Acumen to act on your behalf. These forms relate to the withholding and filing of employer and employee related taxes. This folder cover provides you with reference information to assist you in being an employer.

The following forms are needed to authorize Acumen to act as your Fiscal Employer Agent. Please complete them and return 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), do not complete any further employer enrollment forms. Please call your Options Counselor to discuss your options.****


Who can be the Employer?
In this SD-VISA Program the person receiving services or a representative can be the employer. This is a decision that is made before submitting the forms to Acumen.

<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 SS4	_____
	Date Sent
<input type="checkbox"/> Tax Information Authorization - IRS Form 8821	_____
	Date Sent
<input type="checkbox"/> State of California – Power of Attorney	_____
	Date Sent
<input type="checkbox"/> Employer Agreement Form	_____
	Date Sent

Email, Fax or Mail Information to Acumen
****PLEASE INCLUDE SD-VISA in SUBJECT LINE****

Authorization Form

- Completed by the Veteran Employer or Authorized Representative Employer
- Provides high level outline of Fiscal Agent duties
- Collects demographic information
- Note: Employer and Participant may be the same person



Authorization Form

Complete each item and email enrollment@acumen2.net fax (888) 715-9391 or mail 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206 to Acumen. Please call (888) 516-2432 for English or (800) 611-4936 for Spanish if you have any questions.

I hereby authorize Acumen Fiscal Agent (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 EIN information to Acumen once obtained. Note: If you currently have or have had an EIN, please contact the above phone number before proceeding with the employer enrollment paperwork.
2. Represent you, as the Veteran-Employer/Authorized Representative-Employer, for employer-related tax reporting purposes, by signing IRS Form 2678.
3. Handle all correspondence regarding employer tax reporting issues.
4. Serve as my Employer 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, California unemployment and withholding tax account that would otherwise have been sent to me.
5. Receive confidential information and perform any and all acts the employer can perform relating to matters pertaining to California's Unemployment Insurance Program 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 California Franchise Tax Board (FTB) and/or the California Employment Development Department.

What am I really authorizing?

- Your appointment grants Acumen Fiscal Agent a limited power of attorney to act as your employer 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 appointing Acumen Fiscal Agent to act as your agent for the California Franchise Tax Board and the California Employment Development Department in the fulfilling of domestic employer responsibilities relative to the employing of persons through initiatives funded by the State of California.

Employer (Responsible for managing staff)	Participant (The person receiving services)
Name:	Name:
Social Security Number:	Social Security Number:
Date of Birth:	Date of Birth:
Physical Address:	Physical Address:
City/State/Zip:	City/State/Zip:
Mailing Address:	
City/State/Zip:	
Phone Number:	
E-mail Address:	

Options Counselor

Name:
E-mail Address:
Phone Number:

Your signature means that you have read and understand the above information.

Participant or Employer Signature	Date
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Form 2678

- Appoints Acumen as Fiscal Agent with IRS – which means we can pay federal taxes on their behalf
- Highlighted sections are required
- Employer Signs and dates – “wet signature” required
- “Wet Signature” = pen to paper – only applies to signature line
- TIP: Don’t forget the phone number!!!

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)

3 Trade name (if any)

4 **Address** You must list a physical address. A P.O. Box will not be accepted.

Number Street Suite or room number

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

Print your name here

Print your title here

Best daytime phone

Date

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 Federal Employer ID Number
- All fields with orange highlights are required
- NOTE: If it is known that a person already has an FEIN, it might be best to identify another person to be employer
- Employer signs and Dates – “wet signature” required

Form SS-4 Application for Employer Identification Number		OMB No. 1545-0083	
<small>(Rev. December 2011)</small> <small>Department of the Treasury</small> <small>Internal Revenue Service</small>		<small>(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)</small> <small>Go to www.irs.gov/FormSS4 for instructions and the latest information.</small> <small>See separate instructions for each line. Keep a copy for your records.</small>	
1 Legal name of entity (or individual) for whom the EIN is being requested		HHCSR	
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			
4b City, state, and ZIP code (if foreign, see instructions)		5b City, state, and ZIP code (if foreign, see instructions)	
Mesa, AZ 85206			
6 County and state where principal business is located			
7a Name of responsible party		7b SSN, TIN, or EIN	
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)?		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 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"/> Church or church-controlled organization		<input type="checkbox"/> Farmers' cooperative	
<input type="checkbox"/> Other nonprofit organization (specify) ▶		<input type="checkbox"/> REMIC	
<input checked="" type="checkbox"/> Other (specify) ▶ HHCSR using Fiscal Employer Agent		<input type="checkbox"/> Indian tribal governments/enterprises	
9b If a corporation, name the state or foreign country (if applicable) where incorporated		Group Exemption Number (GEN) if any ▶	
State		Foreign country	
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶		<input type="checkbox"/> Banking purpose (specify purpose) ▶	
<input type="checkbox"/> Changed type of organization (specify new type) ▶		<input type="checkbox"/> Purchased going business	
<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 <u>December</u>	
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"/>	
Agricultural	Household	Other	
0	1-2	0	
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) ▶			
16 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Construction		<input type="checkbox"/> Health care & social assistance	
<input type="checkbox"/> Rental & leasing		<input type="checkbox"/> Accommodation & food service	
<input type="checkbox"/> Real estate		<input type="checkbox"/> Wholesale-agent/broker	
<input type="checkbox"/> Manufacturing		<input type="checkbox"/> Wholesale-other	
<input type="checkbox"/> Finance & insurance		<input type="checkbox"/> Retail	
<input checked="" type="checkbox"/> Other (specify) ▶ HHCSR using Fiscal Employer Agent			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
HHCSR using Fiscal Employer Agent			
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 ▶			
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)	
	Address and ZIP code	Designee's fax number (include area code)	
	Angela Moses	(623) 792-6100	
	5416 E Baseline Rd. Ste 200 Mesa, AZ 85206	(877) 277-3048	
Employer's name here	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)
Employer sign here	Name and title (type or print clearly) ▶	Signature ▶	Date ▶
	HHCSR		

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16015N Form **SS-4** (Rev. 12-2011)


Form 8821

- Tax Information Authorization
- Allows Acumen to receive tax information from the IRS on the Veteran/Employer's behalf
- All fields with orange highlights are required
- Employer Signs and Dates – “wet signature” required


Form 8821		Tax Information Authorization		OMB No. 1545-0045 For IRS Use Only	
(Rev. January 2021) Department of the Treasury Internal Revenue Service		<p>► Go to www.irs.gov/Form8821 for instructions and the latest information.</p> <p>► Don't sign this form unless all applicable lines have been completed.</p> <p>► Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you. See instructions.</p>		Received by: Name _____ Telephone _____ Function _____ Date _____	
1 Taxpayer information. Taxpayer must sign and date this form on line 6.					
Please fill in your name and address here.	Taxpayer name and address [Redacted]		You must list a physical address. A PO box will not be accepted.	Taxpayer identification number(s) [Redacted]	
				Daytime telephone number [Redacted] Plan number (if applicable) [Redacted]	
2 Designee(s). If you wish to name more than two designees, attach a list to this form. Check here if a list of additional designees is attached <input type="checkbox"/>					
Name and address Acumen Fiscal Agent, LLC 5416 E. Baseline Rd., Ste 200 Mesa, AZ 85206		CAF No. 0305-91435R		PTIN	
Check if to be sent copies of notices and communications <input type="checkbox"/>		Telephone No. 480-295-3300		Fax No. 480-371-2241	
Name and address		Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		CAF No. _____	
Check if to be sent copies of notices and communications <input type="checkbox"/>		Telephone No. _____		PTIN _____	
		Fax No. _____		Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>	
3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.					
<input type="checkbox"/> By checking here, I authorize access to my IRS records via an Intermediate Service Provider.					
(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)		(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters	
Employment, Income Tax W/H		941, 940	2020-2024	Tax Liability & EIN Verify	
4 Specific use not recorded on the Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip line 5 <input type="checkbox"/>					
5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and attach a copy of the tax information authorization(s) that you want to retain <input type="checkbox"/>					
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.					
6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.					
► IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.					
► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.					
Please sign your name here.		[Redacted Signature]		Enter date here.	
Signature		[Redacted Date]		Date	
Print your name here.		[Redacted Name]		HHCSR	
Print Name		[Redacted Title]		Title (if applicable)	

EDD POA Form

- EDD = State of California Employment and Development Department
- POA = Power of Attorney
- Gives Acumen authorization to pay State of CA employer taxes
- All fields with orange highlights are required
- Employer Signs and Dates – “wet signature” required



**Employment
Development
Department**
State of California



POWER OF ATTORNEY (POA) DECLARATION

SEE INSTRUCTIONS ON THE BACK OF THIS FORM.

I. EMPLOYER/TAXPAYER INFORMATION *(please type or print)*

California Employer Payroll Tax Account Number: <i>(if applicable)</i>		Federal Employer Identification Number:	
Owner/Corporation Name:	Corporate Identification Number:	Enter Employer Social Security Number Here	
Business Name/Doing Business As (DBA): N/A			
Business Mailing Address:	City:	State:	ZIP Code:
5416 E. Baseline Rd., Suite 200	Mesa	AZ	85206
Business Phone Number:	Business Fax Number:		
(623) 792-6100	(480) 371-2241		
Business Location <i>(if different from above):</i>	City:	State:	ZIP Code:
Enter Employer Address Here			

II. REPRESENTATIVE DESIGNATION *(please type or print)*

I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.

Representative's Business: ACUMEN FISCAL AGENT LLC		
Representative's Name:	Phone Number:	Fax Number:
SARA HOINESS	(623) 792-6100	(480) 371-2241
Business Mailing Address:	City:	State: ZIP Code:
5416 E BASELINE RD., SUITE 200	MESA	AZ 85206

III. AUTHORIZED ACT(S)

GENERAL AUTHORIZATION: If you want to give the representative general authority to perform all acts on your behalf with regard to your state tax matters.

SPECIFIC DECLARATION: If you want to give the representative limited authority with regard to your state tax matters, indicate the specific dates and acts you are authorizing.

To represent the employer/taxpayer for any and all
 Tax Reporting Benefit Reporting Both matters relating to the reporting period indicated above.

To represent the employer/taxpayer for changes to their mailing address for any and all
 Tax Reporting Benefit Reporting Both matters relating to the reporting period indicated above.

Other acts: *(describe specifically)*

Subject to revocation, the above representative is authorized to receive confidential information.

IV. SIGNATURE AUTHORIZING POWER OF ATTORNEY

Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the employer/taxpayer: If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.


If this Power of Attorney Declaration is not signed and dated, it will be returned as invalid.

I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not to be taken to receive a more favorable Unemployment Insurance rate. I further certify that I have the authority to sign on behalf of the above business.

[Signature]	[Title]
Signature	Title (Owner, Partner, Corp. Officer: Pres., Vice Pres., CEO or CFO)
[Print Name]	[Date]
Print Name	Date

SD-VISA Employer /Acumen Agreement

- Delineation of duties, rules and responsibilities of Employer, Fiscal Agent and Program
- Includes attestation to a general understanding and conditions of the SD-VISA Program
- Highlighted sections are required
- Signed and dated by Veteran/Employer



**San Diego Veterans Independence Services at Any Age (SD-VISA)
Employer/Acumen Agreement Form**

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

General understanding and conditions of the San Diego Veterans Independence Services at Any Age (SD-VISA) Program

- Participation in the San Diego Veterans Independence Services at Any Age (SD-VISA) is a decision made after consultation with the Options Counselor.
- I have received from the Options Counselor any/all program related information about the service delivery options and the rules and regulations regarding participation in the (SD-VISA) option. I understand it is my responsibility as the Employer to abide by all the rules and regulations of this program.
- I understand that I am the Employer of Record for this program. The employer is not Acumen Fiscal Agent, nor is the SD-VISA Program.
- I understand that as the Employer of Record I am responsible to comply with paying all of my employees in accordance with the Department of Labor Regulations including the Fair Labor Standards Act and the Final Rule effective December 1, 2016. Furthermore, I understand that this employer responsibility may extend beyond what the program funds may pay my employee and I accept full responsibility for all debts owed. This includes overtime and any hours that are above what is authorized in the Individual Spending Plan) and/or within program rules. (Federal link: https://www.dol.gov/whd/homecare/homecare_guide.pdf)
- I understand that Acumen is only authorized to represent me in processing payments as it relates to this SD-VISA option. Acumen will only make payments on my behalf in accordance to the authorized amounts as outlined in the Spending Plan.
- I understand it is my responsibility to be aware of any remaining balances and schedule provider(s)/employee(s) and/or request program payments within those available units and funds.
- I understand that if I cause work to happen above and beyond what is authorized in the Spending Plan, I, as the employer, will be personally responsible for those expenses.
- I understand it is my responsibility as the employer to ensure all employees and goods and service providers meet the qualifications and receive required training as required in the SD-VISA Program and in the Spending Plan prior to working or providing services. Acumen provides support and assistance with this.
- I understand Acumen will provide me with enrollment materials and guidance on the requirements to complete each form. It is ultimately my responsibility as the employer to ensure all forms that my employee(s) and/or I complete are correct within required guidelines.
- I will not allow provider(s)/employee(s) to begin performing work until Acumen has notified me that provider(s)/employee(s) are active in their system (Good to Go).
- I understand that if the program requires my employee (job applicant) to pass a background check I will ensure all investigation reports are kept confidential, will not be shared, and will be disposed of properly given that they include sensitive data (e.g., criminal history) and personally identifiable information (e.g., name, DOB, SSN).
- I understand it is my responsibility to review and approve all requests for payment prior to

Page 1 of 2

authorized for processing.

ouncement) communication as it relates only and

m Reporting Guidelines understand that it is my

e Workers' Compensation employer, will be personally

mediately of any significant and/or safety. Any changes that effect r payment of any work

ure and date indicating system which requires ill not process a payment

is utilized when submitting reconcile any billing . It is the employers' rtment of Labor (DOL) laws. rdance with the Program may be from Federal and or State laws, for any false Any misuse of funds may yment of claim. Any

g. email) including but not ility to opt-out of electronic service.

ces for the participant may associates (i.e. FMS, the San ment authorities.) I

I understand that my records are protected under Federal Regulations governing Confidentiality of Protected Health Information (PHI) under HIPAA.

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

Name of Veteran: _____

Name of Employer: _____

Employer Signature: _____ Date: _____

Page 2 of 2

Worker's Comp Info

- Information about Worker's Compensation
- This document is important information for Veteran/Employers to make available to their employees
- Includes important contact information if there is an incident
- No signatures required



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.

Show Me the Money

- This form demonstrates how an Employee's pay rate actually draws from the budget once the Employer burden is applied
- It can be used to help you determine the Employee's rate of pay on the Spending Plan
- No signatures required

Show Me the Money

It costs you, the employer, more to employ someone than just their wages. By law, employers need to 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. Acumen calls these employer-related costs the "Cost to You."

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. The "Cost to You" is simply the employee's wage multiplied by 1.148 (the 15 cents per dollar mentioned above). Acumen calculates and pays these taxes and Workers' Compensation on your behalf. It is important for you to understand how this impacts your authorization/budget. This Show Me the Money form is a tool you can use to calculate the "Cost to You." Be sure that you round up your calculation to the nearest penny.

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

	X	1.148	=	
Employee Wage		Taxes & Workers' Comp		Cost to You (always round <u>up</u>)

Example 1:
Jane wants to pay her new employee, Don, the minimum wage rate of \$20.00 per hour **which is the maximum pay rate allowed in this program**. Using the tool described above, Jane calculates her costs:

\$20.00	X	1.148	=	\$22.96
Employee Wage		Taxes & Workers' Comp		Cost to You

It will cost Jane \$22.96 per hour to pay her employee a wage of \$20.00 per hour. Jane determines how this will impact her budget. She then fills out the Employee Rate Sheet with a rate of \$20.00 per hour for Don and returns this form to Acumen before Don's first day of employment.

Example 2:
Jake wants to pay his employee Maria at the minimum wage allowable in San Diego County. He spoke with his Options Counselor and knows that \$14.00 per hour is an allowable rate for his approved service code. Jake calculates what it would cost him to pay Maria a wage of \$13.50 per hour using the tool described above:

\$14.00	X	1.148	=	\$16.08
Employee Wage		Taxes & Workers' Comp		Cost to You

It would cost Jake \$16.08 per hour to pay his employee, Maria, a wage of \$14.00 per hour. Jake determines how this will impact his budget. He decides he can afford Maria's wage to \$14.00 per hour.

Acumen Fiscal Agent, LLC.
5416 E. Baseline Rd., Suite 200
Mesa, AZ 85206
Phone (888) 516-2432 for English, (800) 611-4936 for Spanish
customerservice@acumen2.net



Employee Forms

To be completed by ALL Employees

Employee Checklist

- Checklist of essential documents required to hire an employee
- All documents must be received in good order for an Employee to receive a “Good to Go”
- Veteran/Employer may want to keep on hand for reference
- Not collected/no signature required



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 for your particular needs.

Have the person you decide to hire complete and send the following to Acumen:

- USCIS I-9 Employment Eligibility Verification
 - o Your employee fills out **Section I**.
 - o As the Employer, you fill out **Section II**. Employers must enter the date the employee began or will begin working 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.
 - o To review Frequently Asked Questions about Form I-9, please visit www.acumenfiscalagent.com. Choose your state, and then find your program.
- IRS Form W-4 Employee's Withholding Allowance Certificate (for detailed instructions on how to complete this form go to www.irs.gov and type W-4 in the search box)
- CA DEE Form DE-4 State of California Employee's Withholding Allowance Certificate (for detailed instructions on how to complete this form go to www.edd.ca.gov and type DE-4 in the search box)
- Pay Selection Options for Employees Form
- Employee Rate Sheet

Email, fax or mail completed forms to Acumen. Acumen will notify you when your employee can begin working. Do not allow any work to be performed prior to this notification. Please allow two weeks before scheduling your employee's first day of work to be sure all paperwork and background checks has been received and processed.

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


For each of your employees, you will need to complete the *DLSE-NTE Notice To Employee* form and provide a copy to your employee along with a current *Payment Schedule*. The State of California Labor Code section 2810.5 requires all employers to provide each of their employees with a completed *DLSE-NTE Notice to Employee* form upon initial hire, as well as any time there is a change in the employee's pay rate. Acumen will provide an initial copy of this form and *Payment Schedule* when your employee is hired. You are responsible for gathering the signatures and keeping it in your employee's personnel file. We will be happy to store a copy with your employee's other records if you choose to send us a copy, however, we will not be tracking this for you.

Even though Acumen will NOT be tracking this form, we recommend you:

- Complete and sign the *DLSE-NTE Notice to Employee* form
- Have your employee sign it
- Keep a copy for your records
- Provide your employee with a copy of the completed/signed form
- Complete a new form every time your employee's pay rate changes

I-9 (Page 1)

- Employment Eligibility Verification for the Department of Homeland Security
- It's very important that this is absolutely correct
- If a field is not applicable, it can NOT be left blank. It must state N/A
- P. 1 is signed by Employee - "Wet signature" required
- It must be acknowledged who prepared the form and completed accordingly
- In the middle section, one of the boxes must be checked
- Lower grey box – check one.
- If prepared or translator is used, complete bottom section

 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>▶ START HERE: 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>ANTI-DISCRIMINATION NOTICE: 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>Section 1. Employee Information and Attestation (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)	
Address (Street Number and Name)		Apt. Number	City or Town	State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's E-mail Address		Employee's Telephone Number	
<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.				GIT 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)		
<p>Preparer and/or Translator Certification (check one):</p> <input 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.)					
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.					
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 (Page 2)

- This page identifies the Employee's citizenship status
- All fields highlighted are required; if N/A, must write "N/A". Highlighted boxes can not be left blank
- Employees first date of employment should match the Employers signature date
- Title of Employer = Household Employer
- Let's spend some time on List A or List B and List C – see following slide
- Note: Copies of documents are required. **Please submit to Acumen.**

Employment Eligibility Verification		USCIS	
Department of Homeland Security		Form I-9	
U.S. Citizenship and Immigration Services		OMB No. 1615-0047	
		Expires 10/31/2022	

Section 2. Employer or Authorized Representative Review and Verification			
<i>(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.")</i>			
Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.
			Citizenship/Immigration Status

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
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)
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)				

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.

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
		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
--	---------------------------	---

Form I-9 10/21/2019 Page 2 of 3

I-9 (Page 3)

- If using a document from List A, only one is required.
- If using documents from List B, an accompanying document from List C must also be submitted
- Again, copies of documents must be submitted.

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
1. U.S. Passport or U.S. Passport Card	OR	1. 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	AND	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. 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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-788)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) 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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
6. 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		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	AND	7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Form I-9


W-4

- Employee Federal Tax Withholding Certificate
- All fields with orange highlights must be completed.
- If dependents are claimed, it's no longer a number but a dollar amount explained in Step 3
- If someone writes "EXEMPT" this means no federal taxes will be withheld, but wages will be reported and Employee will receive W2
- Employee's "wet signature" required
- NOTE: Don't forget Employer's address!

Form W-4		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.		2021	
Step 1:	(a) First name and middle initial	Last name	(b) Social security number		
Enter Personal Information	Address		▶ 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				
Physical Address Required (No P.O. Box)	<input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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)				
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, when to use the estimator at www.irs.gov/W4App , and privacy.					
Step 2:	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.				
	<input type="checkbox"/> (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or <input type="checkbox"/> (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or If applicable → <input type="checkbox"/> (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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld. ▶ <input type="checkbox"/>				
TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.					
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.)					
Step 3:	Claim Dependents If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			Required field even if "0". ↓	
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____				
	Multiply the number of other dependents by \$500 ▶ \$ _____				
	Add the amounts above and enter the total here			3	
Step 4 (optional):	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) \$ _____	
Optional. Please refer to the instructions.	(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) \$ _____	
If filing exempt, leave Step 3 & 4 blank. Write EXEMPT here →					
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.				
	_____ Employee's signature (This form is not valid unless you sign it.)			_____ Date	
Employers Only	Employer's name and address _____		First date of employment _____	Employer identification number (EIN) _____	

CA State Withholding

- State of California Employee's Withholding Allowance Certificate
- All fields with orange highlights are required
- Allowances are a number (vs a dollar amount on W4)
- Employee's "wet signature" required



Clear Form

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

Enter Personal Information	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.

1a. Number of Regular Withholding Allowances (Worksheet A)	0
1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)	0
1c. Total Number of Allowances you are claiming	0

2. Additional amount, if any, you want withheld each pay period (if employer agrees), (Worksheet C) 0

OR

3. I claim exemption from withholding for 2021, and I certify I meet both of the conditions for exemption. (Check box here)

OR

4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature

Date

Employee's Section: Employer's Name and Address	California Employer Payroll Tax Account Number

PURPOSE: This certificate, DE 4, is for **California Personal Income Tax (PIT) withholding** purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California Personal Income Tax (PIT) withholding.

if you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

CHECK YOUR WITHHOLDING: After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

EXEMPTION FROM WITHHOLDING: If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and

2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

(i) your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) you are present in California solely to be with your spouse; and

(iii) you maintain your domicile in another state.

If you claim exemption under **this act**, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

1. You did not owe any federal/state income tax last year, and

2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating EXEMPT must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

Member Service Civil Relief Act: Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

(i) your spouse is a member of the armed forces present in California in compliance with military orders;

(ii) you are present in California solely to be with your spouse; and


(iii) you maintain your domicile in another state.

If you claim exemption under **this act**, **check the box on Line 4**. You may be required to provide proof of exemption upon request.

DE 4 Rev. 5/0 (1-21) (INTERNET)
Page 1 of 4
CU

Pay Select Forms

- Establishes how an Employee would like to be paid
- 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



Pay Selection Options

Below are the options employees can select for their pay. The information about each option is provided on the Authorization form. Employees need to provide additional information for each option below and return all the forms to the HR Department.

Direct Deposit
With this option, your paycheck is deposited into your primary account or into two accounts, you must enroll. If no account is enrolled, fill out the information along with the additional required bank information is verified.

Pay Card
Pay cards – also called pre-paid cards – are used for payroll deposits. Acumen charges fees for certain transactions. Acumen services. Paystubs will be issued. You will need to activate the account information. You will need to provide the account information.

Please return the completed form to the HR Department.

Note: if you do not select one of the established pay schedules, however it is impossible to guarantee any delays or misdirected mail.

I choose to receive my pay by (please check one box below):
Check Direct Deposit Pay Card

DIRECT DEPOSIT INFORMATION
Attach a voided check for checking 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!

Primary Account 1	Secondary Account 2 (Mandatory for Flat dollar option)
Account Type: <input type="checkbox"/> Checking (attach a voided check) <input type="checkbox"/> Savings (attach routing & account information printout) <input type="checkbox"/> Flat Dollar Amount <input type="checkbox"/> Percentage	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	Financial Institution Name
Financial Institution Address	Financial Institution Address
Routing Number	Routing Number
Account Number	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.


Print Name _____ Social Security Number _____ Date of Birth _____

Email Address for Paystub Delivery _____ Signature _____ Date _____

Return completed form by email enrollment@acumen2.net, fax (888) 715-9391
or mail to 5416 E. Baseline Rd., Suite 200, Mesa, AZ 85206

Employee Info Form

- Discloses relationship between Employer and Employee
- This matters because the relationship type may impact the taxes an Employer is liable for
- Acumen will take care of setting this up
- Note: its relationship between Employee and Employer (not the Veteran)
- Signed by Employee



Employee Information Form
Relationship Disclosure

Employee Name: _____ SSN: _____

Physical Address: _____ City/State/Zip: _____

Mailing Address (if different): _____ City/State/Zip: _____

County of Physical Address: _____

Phone Number: _____ Email (optional): _____

Name of Participant: _____

Name of Employer or Authorized Representative: _____
(if applicable)

Instructions: There are some tax exemptions for certain domestic employer and employee relationships. Please select any of the below boxes if a relationship exists between you as the employee and the employer:

- 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 continuous weeks 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 California follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the Caregiver 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 Caregiver 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: _____

Acumen Fiscal Agent, LLC. Phone: (888) 516-2432 Fax: (888) 715-9391 enrollment@acumen2.net

HR Profile (Page 1)

- Documents Employee's consent to run a background check
- HR Profile is the vendor that provides the service
- Only the highlighted fields are required
- Checks completed: multi-county, national criminal, federal district courts
- Signed and dated by Employee



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

Human Resource ProFile, Inc.
 8506 Beechmont Ave.
 Cincinnati, OH 45255-4708
 800-969-4300 / 513-388-4300

INDIVIDUAL INFORMATION

Name _____		_____		_____	
Last	First	MI	Maiden		
Address _____		City/State _____		County _____ Zip _____	
Previous _____		City/State _____		County _____ Zip _____	
Social Security # _____			Driver's License Number _____		
Date of Birth _____		Age is not a criterion in any decision, but is used for identification purposes ONLY.		Driver's License State of Issuance _____	
Professional License: Type _____		License # _____		State _____	

SCHOOLS ATTENDED

School Name	City / State Campus / Phone Number	Dates From To	Graduate? Y / N	Degree Type Earned
High School:				
If GED received, list state and district or military facility, and year received:		Name as it appears on high school diploma or GED certificate:		
College:	City/State/Campus/Phone Number	From To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:		
Grad./Tech./Other:	City/State/Campus/Phone Number	From To	Graduate?	Degree Type Earned
Major area of study:		Name used at time of graduation or final attendance:		

Have you ever pled guilty, been convicted, entered a plea of no contest, had prosecution deferred, had prosecution diverted (diversion program), or adjudication withheld for any crime? Yes _____ No _____

If Yes, list All Offenses, including Traffic and/or Criminal		City, County, and State of Offense		
Year	Offense	City	County	State

I have been informed in writing that a consumer report or investigative consumer report may be obtained on me for employment purposes. I hereby authorize the procurement of the report and authorize and direct the release to Human Resource ProFile, Inc., an independent contract agency, information held by any parties regarding my previous employment, my criminal history record and/or record of convictions in federal, state and local files for violations of any federal, state, local statutes or ordinances, my credit history, workers' compensation history, driving record, government agency lists, and scholastic records and hereby release said persons, schools, companies, courts, agencies, and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I further understand this information may be reviewed periodically by Human Resource ProFile, Inc. and reported to my prospective/current employer. I hereby acknowledge that Human Resource ProFile, Inc. cannot vouch for or guarantee the accuracy of information provided by third parties. Accordingly, I release Human Resource ProFile, Inc., its agents and/or my prospective/current employer from any and all liabilities arising out of any errors or omissions regarding my background information and authorize Human Resource ProFile to release any and all information to my prospective/current employer.

Signature _____
Date _____

TO BE COMPLETED BY: Acumen Fiscal Agents - California

Date Sent: _____ From: **Acumen Customer Service** Acct # **ACUFA-001**

Time Sent: _____ Phone: **866-522-8636** Fax: **877-522-8636**

<input checked="" type="checkbox"/> Conviction History	<input type="checkbox"/> Credit	<input type="checkbox"/> MVR	<input type="checkbox"/> Education Verification
<input type="checkbox"/> Employment History	<input type="checkbox"/> Workers' Compensation	<input type="checkbox"/> Federal Exclusion	<input type="checkbox"/> Violent Sex Offender
<input checked="" type="checkbox"/> Federal District	<input type="checkbox"/> Professional Licensure	<input type="checkbox"/> Special Request	

When requesting a report for employment purposes from HRP, you must also certify to HRP that you have provided the applicant/employee with the disclosure form and obtained the applicant/employee's consent to procure the report. HRP's two page authorization profile forms complies with these requirements.

HR Profile (Page 2)

- Continued from previous slide
- Signed and dated by Employee
- California residents must check the boxes within the orange box



IMPORTANT DISCLOSURE

FCRA Required
Clear and Conspicuous Notice

Please read before completing and signing the Employment ProFile Form.

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

I FURTHER UNDERSTAND THAT THIS "CONSUMER REPORT" AND/OR "INVESTIGATIVE CONSUMER REPORT" WILL BE PERFORMED BY HUMAN RESOURCE PROFILE AND PROVIDED TO MY PROSPECTIVE/CURRENT EMPLOYER. I ALSO UNDERSTAND THAT I HAVE CERTAIN RIGHTS THAT ALLOW ME TO DISPUTE ANY ERRONEOUS INFORMATION CONTAINED IN MY REPORT.

I FURTHER UNDERSTAND I HAVE A RIGHT TO MAKE A REQUEST TO HR PROFILE, UPON PROPER IDENTIFICATION, TO REQUEST THE NATURE AND SUBSTANCE OF ALL INFORMATION IN ITS FILES ON ME AT THE TIME OF MY REQUEST.

I ALSO ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THIS STATEMENT.

Signature _____

Date _____

Notice to California Applicants: Under California law, the consumer reports we order on you are defined as investigative consumer reports. These reports may contain information on your character, general reputation, personal characteristics and mode of living.

Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HR ProFile during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services, by appearing at HR ProFile in person or by mail. You may also receive a summary of the file by telephone. The agency is required to have personnel available to explain your file to you and the agency must explain to you any coded information appearing in your file. If you appear in person, a person of your choice may accompany you, provided that this person furnishes proper identification.

YES, I am a California Applicant and I request to receive a free copy of any investigative consumer report ordered on me by checking this box.

YES, I am a California Applicant and I hereby waive my right to obtain a copy of the consumer report by checking this box.

Maine applicants only: By checking here, I indicate that I wish to receive a copy of any Report obtained by the Employer from HR ProFile as well as the address and telephone number of said consumer reporting agency. (Check only if you wish to receive a copy)

New York applicants only: By checking here, I acknowledge that I have received the attached copy of Article 23A of New York's Correction Law and that I wish to receive a copy of any Report obtained by the Employer from HR ProFile as well as the address and telephone number of said consumer reporting agency.

Massachusetts, Minnesota, New Jersey, & Oklahoma applicants only: I have the right to request a copy of any Report obtained by the Employer from HR ProFile by placing a checkmark here. (Check only if you wish to receive a copy)

California, Connecticut, Hawaii, Illinois, Maryland, Oregon, Vermont, & Washington State applicants only (as applicable): I understand that the Employer will not obtain information about my credit history/records, credit worthiness, credit standing, or credit capacity unless the information is substantially job related, and the reasons for using the information are disclosed to me in writing. Credit history information is considered for positions whose essential functions include access to customer and/or company financial or confidential information, managerial positions (as defined by the State Labor Laws), a position in a financial institution, a position with signatory rights on the company bank account credit card, or money transfers, a position with authority to enter into financial contracts, a position with regular access to cash totaling \$10,000 or more of the employer, a customer, or a client during the workday, or a position for which the information contained in the report is required by law to be disclosed or obtained.

Human Resource ProFile, Inc.

8506 Beechmont Avenue * Cincinnati, OH 45255-4708 * 800/969-4300 * 513/388-4300 *

Notice to Employee

- State of California Form
- Not collected by Acumen, but it is advised Veteran/Employers complete this form for their person records.
- Should be signed and dated by Employer and Employee

NOTICE TO EMPLOYEE
Labor Code section 2810.5

Write Employee Name Here → EMPLOYEE → Write Date Employee Was Hired Here

Employee Name: _____
Start Date: _____

EMPLOYER → Write Name of Employer Here

Legal Name of Hiring Employer: _____
Is hiring employer a staffing agency/business (e.g., Temporary Services Agency; Employee Leasing Company; or Professional Employer Organization [PEO])? Yes No

Other Names Hiring Employer: _____
N/A

Physical Address of Hiring Employer: _____
Hiring Employer's Mailing Address: _____
Hiring Employer's Telephone Number: _____

If the hiring employer is a contractor, write the name of the contractor for whom this employee is being hired:
Name: N/A
Physical Address: _____
Mailing Address: _____
Telephone Number: _____

Write Employee's Hourly Rate of Pay Here → Rate(s) of Pay: _____
Rate by (check box): Hourly Other (provide specific rate(s) below)
Does a written agreement exist regarding the rate(s) of pay?
If yes, are all rate(s) of pay reflected in this notice?
Allowances, if any, claimed: N/A
(If the employee has signed a written agreement as required against the minimum wage, attach a copy of the agreement.)
Regular Payday: See Attachment

DLSE-NTE (rev 9/2014)

WORKERS' COMPENSATION

Insurance Carrier's Name: North River Insurance Co.
Address: 305 Madison Avenue, Morristown, NJ 07962
Telephone Number: 866-472-2297
Policy No.: 406-730916-9
 Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

PAID SICK LEAVE

Unless exempt, the employee identified on this notice is entitled to minimum requirements for paid sick leave under state law which provides that an employee:

- May accrue paid sick leave and may request and use up to 3 days or 24 hours of accrued paid sick leave per year;
- May not be terminated or retaliated against for using or requesting the use of accrued paid sick leave; and
- Has the right to file a complaint against an employer who retaliates or discriminates against an employee for:
 - requesting or using accrued sick days;
 - attempting to exercise the right to use accrued paid sick days;
 - filing a complaint or alleging a violation of Article 1.5 section 245 et seq. of the California Labor Code;
 - cooperating in an investigation or prosecution of an alleged violation of this Article or opposing any policy or practice or act that is prohibited by Article 1.5 section 245 et seq. of the California Labor Code.

The following applies to the employee identified on this notice: (Check one box)

- Accrues paid sick leave only pursuant to the minimum requirements stated in Labor Code §245 et seq. with no other employer policy providing additional or different terms for accrual and use of paid sick leave.
- Accrues paid sick leave pursuant to the employer's policy which satisfies or exceeds the accrual, carryover, and use requirements of Labor Code §246.
- Employer provides no less than 24 hours (or 3 days) of paid sick leave at the beginning of each 12-month period.
- The employee is exempt from paid sick leave protection by Labor Code §245.5. (State exemption and specific subsection for exemption): _____

ACKNOWLEDGEMENT OF RECEIPT
(Optional)

Write Employer Name Here → (PRINT NAME of Employer representative) → Write Employee Name Here → (PRINT NAME of Employee)

(SIGNATURE of Employer Representative) → (SIGNATURE of Employee)

(Date) → Employer Signs and Dates Here → (Date) → Employee Signs and Dates Here

The employee's signature on this notice merely constitutes acknowledgement of receipt.

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

Payment Schedule

- Schedule of pay period start/end dates, time submission due date and corresponding pay date
- Should be followed closely and provided to Employees
- Non-adherence to Payment Schedule could mean late payments to Employees
- More to come next week on time submission options for Veteran/Employers and their Employees.



SD VISA Payment Schedule Effective October 1, 2021

To ensure that your employees and/or service providers are always paid on time, please approve and submit all timesheets and payment requests 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 will be processed in the following payment period.

To make certain that your submission is received by the due date, please use our Web Time Entry / DCI system. Be sure to have all hours entered and approved by the "Submissions Due NO Later Than" date. To access the Web Time Entry / DCI system, go to the following link: <https://www.acumenfiscalagent.com/california/> then click on "Web Time Entry" link.

If you would like to attend a webinar on how to use either the Web Time Entry / DCI Mobile App or Web Portal, please visit our website at www.acumenfiscalagent.com and click on the "Events" tab. If you have questions or concerns, contact our Customer Service Department at (888) 516-2432.

MONTH	Payment Period Start Date	Payment Period End Date	Submissions Due NO Later Than	Direct Deposit/Check Date
OCTOBER	10/01/21	10/15/21	Mon, 10/18/21	Tue, 10/26/21
	10/16/21	10/31/21	Mon, 11/01/21	Wed, 11/10/21
NOVEMBER	11/01/21	11/15/21	Tue, 11/16/21	Fri, 11/26/21
	11/16/21	11/30/21	Wed, 12/01/21	Fri, 12/10/21
DECEMBER	12/01/21	12/15/21	Thu, 12/16/21	Fri, 12/24/21
	12/16/21	12/31/21	Mon, 01/03/22	Mon, 01/10/22
JANUARY	01/01/22	01/15/22	Mon, 01/17/22	Wed, 01/26/22
	01/16/22	01/31/22	Tue, 02/01/22	Thu, 02/10/22
FEBRUARY	02/01/22	02/15/22	Wed, 02/16/22	Fri, 02/25/22
	02/16/22	02/28/22	Tue, 03/01/22	Thu, 03/10/22
MARCH	03/01/22	03/15/22	Wed, 03/16/22	Fri, 03/25/22
	03/16/22	03/31/22	Fri, 04/01/22	Fri, 04/08/22
APRIL	04/01/22	04/15/22	Mon, 04/18/22	Tue, 04/26/22
	04/16/22	04/30/22	Mon, 05/02/22	Tue, 05/10/22
MAY	05/01/22	05/15/22	Mon, 05/16/22	Thu, 05/26/22
	05/16/22	05/31/22	Wed, 06/01/22	Fri, 06/10/22
JUNE	06/01/22	06/15/22	Thu, 06/16/22	Fri, 06/24/22
	06/16/22	06/30/22	Fri, 07/01/22	Fri, 07/08/22

Please share this schedule with your payees, and keep a copy in a safe place for easy reference.

Email: payroll-CA@acumen2.net
 Fax: 1(888) 715-9391
 Customer Service: 1(888) 516-2432

Acumen Fiscal Agent
 5416 E. Baseline Rd., Suite 200
 Mesa, AZ 85206

General Reminders

- The IRS is particular!
 - NO white out allowed
 - NO cross-outs allowed
 - In other words, it has to be a clean copy
- If sending any Federal or State form as an attachment, it is very important that it does not look like a picture of the document taken by a phone
- It must be a clean, non-blurred, non-shadowed image that looks as much like a scan as possible
- **KEEP THE ORIGINALS!** If mailing documents, make copies. Employers should maintain original copies for their records
- Finally, it's best practice not to send things piecemeal. Please, as much as possible, submit everything together.

We're here to help!

Submit forms to:

Email: Enrollment@acumen2.net

****include SD-VISA in subject line****

Fax: (888) 715-9391

Contact Information:

Customer Service – (888) 516-2432

customerservice@acumen2.net