



CD-PASS Enrollment Paperwork Walkthrough

EMPLOYER Paperwork



Acumen Authorization Form



Authorization Form

Complete each item and fax (855) 295-9075 or mail 4823 South Sheridan, Suite 310, Tulsa, OK 74145 to Acumen. Please call (877) 534-0566 if you have any questions.

I authorize Acumen Fiscal Agent (Acumen) to:

1. File Form SS-4 for me to get an Employer Identification Number (EIN), if I do not already have one.
2. Allow the IRS to mail EIN information to Acumen. **Note: If you already have or have had an EIN, please print this number on Forms 8821 and 2678.**
3. Represent me as an employer for employer-related tax reporting purposes, by signing Form 2678.
4. Handle all correspondence about employer tax reporting issues.
5. Serve as my Full Service Agent for unemployment and withholding tax purposes. As my Agent, Acumen will provide all services for me, the employer, (tax, benefits, and appeals). Acumen will receive all documents related to my, the employer, Oklahoma unemployment and withholding tax accounts that would otherwise have been sent to me.
6. Receive confidential information and perform any and all acts including registration that the employer can perform relating to matters pertaining to Oklahoma's unemployment compensation law and state tax withholding regulations effective signature date forward; subject to revocation.
7. Electronically send me (e.g. e-mail) information including, but not limited to: employer and/or employee enrollment information, account statement reports, Active with Acumen 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 Oklahoma Tax Commission and the Oklahoma Employment Security Commission.

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 appointing Acumen Fiscal Agent to act as your agent for the Oklahoma Tax Commission and the Oklahoma Employment Security Commission in the fulfilling of domestic employer responsibilities relative to the employing of persons through the OK CD-PASS service option.

Member/Employer		
Name:		
Street Address:		
City/State/Zip:		
Mailing Address (if different):		
City/State/Zip (if different):		
Date of Birth:	Social Security Number:	
Phone Number:	E-mail Address:	
Case Manager		
Case Manager Name:	Case Manager Phone:	
Case Manager E-mail:		

Member/Employer Signature: _____ Date: _____



Acumen Authorization Form

Member/Employer

Name:	John Davis		
Street Address:	123 South Main St		
City/State/Zip:	Tulsa, OK 74145		
Mailing Address (if different):	PO Box 32		
City/State/Zip (if different):	Tulsa, OK 74136		
Date of Birth:	04/01/1972	Social Security Number:	987-65-4321
Phone Number:	918-221-7052	E-mail Address:	JDavis@email.com
Case Manager			
Case Manager Name:	Mary Sawyer	Case Manager Phone:	918-528-9105
Case Manager E-mail:	Mary.Sawyer@casemanager.com		

Member/Employer Signature: John Davis Date: 07/20/2022



Form 2678

Form 2678 Employer/Payer Appointment of Agent

(Rev. August 2014) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0748

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

- If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

- If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you are filing this form...

(Check one)

- You want to appoint an agent for tax reporting, depositing, and paying.
- You want to revoke an existing appointment.

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN) -

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

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

Date

Print your name here

Print your title here

Best daytime phone

Now give this form to the agent to complete. →

Appoints Acumen as Fiscal Agent with IRS – which means we can pay Employer related federal taxes on the employer's behalf



Form 2678

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
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

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

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.

X Sign your name here ←

Print your name here

Print your title here ←

Date ←

Best daytime phone ←

Now give this form to the agent to complete. →



Form 8821

Form 8821
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization
 ▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
 ▶ Don't sign this form unless all applicable lines have been completed,
 ▶ Don't use Form 8821 to request copies of your tax returns
 or to authorize someone to represent you. See instructions.

CMB No. 1545-1165
For IRS Use Only

Received by:
Name _____
Telephone _____
Function _____
Date _____

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

Taxpayer name and address _____ Taxpayer identification number(s) _____
 _____ Daytime telephone number _____ Plan number (if applicable) _____

2 Designee(s). If you wish to name more than two designees, attach a list to this form. Check here if a list of additional designees is attached ▶

Name and address _____ CAF No. 0305-91435R
Acumen Fiscal Agent, LLC PTIN _____
5416 E. Baseline Rd., Ste 200 Telephone No. 480-295-3300
Mesa, AZ 85206 Fax No. 480-371-2241

Check if to be sent copies of notices and communications Check if new: Address Telephone No. Fax No.

Name and address _____ CAF No. _____
 _____ PTIN _____
 _____ Telephone No. _____
 _____ Fax No. _____

Check if to be sent copies of notices and communications Check if new: Address Telephone No. Fax No.

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

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

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment, Income Tax With	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 ▶

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ▶
 To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.
 ▶ DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Please sign your name here. _____ Enter date here. _____
 Signature Date

 Print Name Title (if applicable)
 _____ HHCSR _____

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P Form 8821 (Rev. 01-2021)

Allows Acumen to receive tax information from the IRS on the Employer's behalf



Form 8821

Form **8821**

(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

Tax Information Authorization

▶ Go to www.irs.gov/Form8821 for instructions and the latest information.
▶ Don't sign this form unless all applicable lines have been completed,
▶ Don't use Form 8821 to request copies of your tax returns
or to authorize someone to represent you. See instructions.

OMB No. 1545-0045
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date _____

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

Taxpayer name and address John Davis Taxpayer identification number(s) _____
123 South Main St Daytime telephone number _____ Plan number (if applicable) _____
Tulsa, OK 74145 918-221-7052

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address Acumen Fiscal Agent, LLC CAF No. 0305-91435R
5416 E. Baseline Rd., Ste 200 PTIN _____
Mesa, AZ 85206 Telephone No. 480-295-3300
Check if new: Address Telephone No. Fax No.
Fax No. 480-371-2241

Name and address _____ CAF No. _____
PTIN _____
Telephone No. _____
Fax No. _____
Check if new: Address Telephone No. Fax No.

3 Tax information. Each designee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

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

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
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 ▶

5 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior tax information authorizations on file unless you check the line 5 box and **attach a copy** of the tax information authorization(s) that you want to retain ▶
To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

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

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

Please sign your name here. John Davis Date 07/20/2022 Enter date here.
Signature _____ Date _____
John Davis HHCSR
Print Name _____ Title (if applicable) _____



Form SS-4

Form SS-4 (Rev. December 2019) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003						
1 Legal name of entity (or individual) for whom the EIN is being requested		HHCSR		EIN						
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name		Employer's Street Address Here						
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.)		Employer's City, St, Zip Here						
4b City, state, and ZIP code (if foreign, see instructions)		5b City, state, and ZIP code (if foreign, see instructions)		Employer's City, St, Zip Here						
6 County and state where principal business is located		7a Name of responsible party		Employer's SSN Here						
7b SSN, TIN, or EIN		8a Is this application for a limited liability company (LLC) (or a foreign equivalent)?		Employer's SSN Here						
8b If 8a is "Yes," enter the number of LLC members		8c If 8a is "Yes," was the LLC organized in the United States?								
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"/> Partnership _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ HHCSR using Fiscal Employer Agent										
<input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Military/National Guard _____ <input type="checkbox"/> Farmers' cooperative _____ <input type="checkbox"/> REMIC _____ <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Indian tribal governments/enterprises _____										
9b If a corporation, name the state or foreign country (if applicable) where incorporated		State		Foreign country						
10 Reason for applying (check only one box)										
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> 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"/> Compliance with IRS withholding regulations _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____ <input checked="" type="checkbox"/> Other (specify) ▶ HHCSR using Fiscal Employer Agent										
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year December								
13 Highest number of employees expected in the next 12 months (enter 0 if none). If no employees expected, skip line 14.										
<table border="1"> <tr> <td>Agricultural</td> <td>Household</td> <td>Other</td> </tr> <tr> <td>0</td> <td>12</td> <td>0</td> </tr> </table>					Agricultural	Household	Other	0	12	0
Agricultural	Household	Other								
0	12	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"/> Rental & leasing _____ <input type="checkbox"/> Real estate _____ <input type="checkbox"/> Transportation & warehousing _____ <input type="checkbox"/> Finance & insurance _____ <input type="checkbox"/> Health care & social assistance _____ <input type="checkbox"/> Accommodation & food service _____ <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 ▶ _____										
Third Party Designee										
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.										
Designee's name Sunny Hudson		Designee's telephone number (include area code) (623) 792-6100								
Address and ZIP code 5416 E Baseline Rd., Suite 200, Mesa, AZ 85206		Designee's fax number (include area code) (877) 277-3048								
Under penalty 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) ▶ HHCSR		Applicant's fax number (include area code)								
Signature ▶ _____		Date ▶ _____								

Application for Federal Employer ID Number



Form SS-4

Form SS-4 Application for Employer Identification Number
 (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
 Department of the Treasury Internal Revenue Service
 OMB No. 1545-0003
 EIN

1 Legal name of entity (or individual) for whom the EIN is being requested
John Davis **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., Suite 200 **123 South Main St**

4b City, state, and ZIP code (if foreign, see instructions) 5b City, state, and ZIP code (if foreign, see instructions)
Mesa, AZ 85206 **Tulsa, OK 74145**

6 County and state where principal business is located
Tulsa OK

7a Name of responsible party 7b SSN, ITIN, or EIN
John Davis **987-654321**

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, Health care & social assistance Wholesale-agent/broker
 Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other Retail
 Real estate Manufacturing Finance & insurance Other (specify) ▶ **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? Yes 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 **Sunny Hudson** ← Designee's telephone number (include area code) **(623) 792-6100**

Address and ZIP code **5416 E Baseline Rd., Suite 200, Mesa, AZ 85206** Designee's fax number (include area code) **(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.

Name and title (type or print clearly) ▶ **John Davis** **HHCSR** Applicant's telephone number (include area code)

Employer Sign Here Signature ▶ *John Davis* Date ▶ **07/20/2022** Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N **Employer's Date Here** Form **SS-4** (Rev. 12-2019)

Third Party Designee

Designee's name **Sunny Hudson** Designee's telephone number (include area code) **(623) 792-6100**

Address and ZIP code **5416 E Baseline Rd., Suite 200, Mesa, AZ 85206** Designee's fax number (include area code) **(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.

Name and title (type or print clearly) ▶ **John Davis** **HHCSR** Applicant's telephone number (include area code)

Employer Sign Here Signature ▶ Date ▶



Oklahoma CD-PASS Employer/Acumen Agreement



Oklahoma CD-PASS Employer/Acumen Agreement Form

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

I understand and agree to the below list of items for the Consumer-Directed Personal Assistance Services and Supports (CD-PASS) service option:

- I have chosen to join in the CD-PASS option after talking with my Case Manager who has given me any/all of the information about the different ways I can receive my services.
 - I have received and understand the roles and responsibilities in the CD-PASS option. I understand it is my responsibility as the Employer to accept all the rules of this option.
 - I know that I am the Employer of Record for this option. The employer is not Acumen Fiscal Agent nor the State of Oklahoma. I know that as the Employer of Record I have to pay all of my employees within the Department of Labor Regulations. This includes the Fair Labor Standards Act and the Final Rule effective **December 1, 2016**. I also understand that this employer responsibility may go beyond what the program funds. I accept full responsibility for all debts owed. This includes overtime and any hours that are above what is authorized in my Plan of Care and/or within program rules. (Federal Link: https://www.dol.gov/whd/homecare/homecare_guide.pdf)
 - I know it is my responsibility to hire and train only qualified employees to provide my services. The OK CD-PASS option lists what the employee needs to have.
 - Acumen will give me enrollment paperwork and help with how to complete each form. As the employer, I will make sure all forms that my employee and/or I fill out are correct.
 - I will not allow employee(s) to start working until Acumen has let me know that the employee(s) are active in their system. (I will receive an Active with Acumen letter).
 - I know that CD-PASS requires anyone I want to hire to pass a background check. I will make sure all information about the background check are kept secret. I will not share the information with anyone. I will properly get rid of information that should not be shared (such as criminal history) and personal information that can be stolen (e.g., name, DOB, SSN).
 - I know that Acumen can only make payments for me through this Oklahoma CD-PASS option. Acumen will only make payments on my behalf as long as they are within the authorized amounts shown in my Service Plan.
 - It is up to me to know my remaining balances and to schedule my employee(s) and/or request payments from my Optional Employer Expense (OPX) account within those amounts.
 - I know that if I schedule and work my employee over the amounts in my Budget, I, as the employer, will be responsible for those payments.
 - I know all requests for payment (clocking in and out) have to be sent to Acumen through Acumen's DCI Mobile App or Phone EVV time entry system. These options require password-protected employer approval. I know that payment to the employee will be delayed if the correct process is not followed. This may include resolving any pending entries in the Employer DCI Portal.
- I know that payment for my employee hours and OPX claims may be from Federal and State funds. I know that I may be prosecuted under certain Federal or State laws, for any untrue claims, statements or documents or hiding of a material fact. Any misuse of money could mean I will be fined or penalized including but not limited to paying back the money. Any extra money it costs because of fines will be my responsibility to pay.
 - I know I need to let my Case Manager know right away of any major changes in my condition that may affect my Service Plan and/or safety.
 - I know I need to let Acumen know right away of any changes that affect my eligibility for the OK CD-PASS service option. (e.g. loss of Medicaid, or being put in the hospital or a facility) I know I may be responsible for paying for any work I had my employee do during these times.
 - I know that I may get phone calls (general messages) from Acumen about important program and/or payroll information about the OK CD-PASS option.
 - I will allow Acumen to send me information by email including, but not limited to, account statement reports. I understand that I can request that Acumen send information to me through U.S. Mail service instead.
 - I understand that Acumen will provide a Workers' Compensation poster for use if my employee is hurt on the job. I understand this poster must be hung up in an area of the home where it can be easily seen and read by my employee during the work day.
 - I understand that I may face penalties and/or fines if I do not hang up the Workers' Compensation poster. I, as the employer, will be personally responsible for paying these penalties and/or fines.

My signature below shows I understand and agree to the information above.

Name of Member: _____

Name of Employer: _____

Phone: _____ Email Address: _____

Employer Signature

Date

Acumen Fiscal Agent, LLC
4823 S Sheridan, Ste 310
Tulsa, OK 74145
Phone: (877) 594-0988
Fax: (855) 295-9075
AcumenOK@acumen2.net



Oklahoma CD-PASS Employer/Acumen Agreement

- I know that payment for my employee hours and OPX claims may be from Federal and State funds. I know that I may be prosecuted under certain Federal or State laws, for any untrue claims, statements or documents or hiding of a material fact. Any misuse of money could mean I will be fined or penalized including but not limited to paying back the money. Any extra money it costs because of fines will be my responsibility to pay.
- I know I need to let my Case Manager know right away of any major changes in my condition that may affect my Service Plan and/or safety.
- I know I need to let Acumen know right away of any changes that affect my eligibility for the OK CD-PASS service option. (e.g. loss of Medicaid, or being put in the hospital or a facility) I know I may be responsible for paying for any work I had my employee do during these times.
- I know that I may get phone calls (general messages) from Acumen about important program and/or payroll information about the OK CD-PASS option.
- I will allow Acumen to send me information by email including, but not limited to, account statement reports. I understand that I can request that Acumen send information to me through U.S. Mail service instead.
- I understand that Acumen will provide a Workers' Compensation poster for use if my employee is hurt on the job. I understand this poster must be hung up in an area of the home where it can be easily seen and read by my employee during the work day.
- I understand that I may face penalties and/or fines if I do not hang up the Workers' Compensation poster. I, as the employer, will be personally responsible for paying these penalties and/or fines.

My signature below shows I understand and agree to the information above.

Name of Member: John Davis

Name of Employer: John Davis

Phone: 918-221-7052 Email Address: JDavis@email.com

John Davis *07/20/2022*
Employer Signature Date



Form BT-129: OK Tax Commission Power of Attorney

Form BT-129
Revised 6-2018

OKLAHOMA TAX COMMISSION • 2501 NORTH LINCOLN BOULEVARD
OKLAHOMA CITY, OKLAHOMA 73194



POWER OF ATTORNEY

(Please Type or Print)

Taxpayer name and address 	Social Security/Federal Employer Identification Number(s)	
	Daytime telephone number	Permit number(s)

Hereby appoints:

Representative(s) name and address Acumen Fiscal Agent 5416 E Baseline Rd Suite 200 Mesa, Arizona 85208	Daytime telephone number 823-792-8100	Fax number 480-371-2241
Representative(s) name and address	Daytime telephone number	Fax number

Note: If you appoint an organization, firm or partnership, you must also name an individual within the organization to act on your behalf.

As attorney(s)-in-fact to represent taxpayer before the Oklahoma Tax Commission and/or acquire any tax form(s) and/or documents that taxpayer would be entitled to receive.

Type of Tax (Income, Sales, Etc.)	State Tax Number or Description of Tax Document	Year(s) or Period(s) (Date of death if Estate Tax)
Income/Payroll/Withholding	All related to payroll/income/withholding	

The attorney(s)-in-fact (or either of them) are authorized, until written revocation is received, to represent the taxpayer before the Oklahoma Tax Commission and receive confidential information and to acquire any and all tax form(s) and/or documents that the principal(s) can receive with respect to the above specified matter(s) unless exceptions are noted below:

Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Oklahoma Tax Commission for the same matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here

Attach a copy of any power of attorney you want to remain in effect.

Taxpayer(s) signature and date. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer

Signature Title (if applicable) Date
Domestic Employer

Type or print your name below if signing for a taxpayer who is not an individual.

Name Title (if applicable) Date

DECLARATION OF REPRESENTATIVE

Under penalties of perjury, by my signature below, I declare that:

- I am authorized to represent the taxpayer identified above for the matter(s) specified there; and
- I am one of the following:

- Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
- Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below
- Enrolled Agent — enrolled as an agent by the Internal Revenue Service per the requirements of IRS Circular 230
- Officer — a bona fide officer of the taxpayer organization
- Full-Time Employee — a full-time employee of the taxpayer
- Family Member — a member of the taxpayer's immediate family
- Tax Return Preparer
- Other _____

Signature of Representative Title (if applicable) Date



Form BT-129: OK Tax Commission Power of Attorney

Form BT-129
Revised 6-2018

OKLAHOMA TAX COMMISSION • 2501 NORTH LINCOLN BOULEVARD
OKLAHOMA CITY, OKLAHOMA 73194



POWER OF ATTORNEY

(Please Type or Print)

Taxpayer name and address John Davis 123 South Main St Tulsa, OK 74145	Social Security/Federal Employer Identification Number(s) 987-65-4321
	Daytime telephone number 918-221-7052
	Permit number(s)

Hereby appoints:

Representative(s) name and address Acumen Fiscal Agent 5416 E Baseline Rd Suite 200 Mesa, Arizona 85206	Daytime telephone number 623-792-6100	Fax number 480-371-2241
Representative(s) name and address	Daytime telephone number	Fax number

Note: If you appoint an organization, firm or partnership, you must also name an individual within the organization to act on your behalf.

As attorney(s)-in-fact to represent taxpayer before the Oklahoma Tax Commission and/or acquire any tax form(s) and/or documents that taxpayer would be entitled to receive.

Type of Tax (Income, Sales, Etc.)	State Tax Number or Description of Tax Document	Year(s) or Period(s) (Date of death if Estate Tax)
Income/Payroll/Withholding	All related to payroll/income/withholding	

The attorney(s)-in-fact (or either of them) are authorized, until written revocation is received, to represent the taxpayer before the Oklahoma Tax Commission and receive confidential information and to acquire any and all tax form(s) and/or documents that the principal(s) can receive with respect to the above specified matter(s) unless exceptions are noted below.

Retention/revocation of prior power(s) of attorney. The filing of this power of attorney automatically revokes all earlier power(s) of attorney on file with the Oklahoma Tax Commission for the same matters and years or periods covered by this document.

If you do not want to revoke a prior power of attorney, check here

Attach a copy of any power of attorney you want to remain in effect.

Taxpayer(s) signature and date. If signed by a corporate officer, partner or fiduciary on behalf of the taxpayer, I certify that I have the authority to execute this power of attorney on behalf of the taxpayer

John Davis Domestic Employer 07/20/2022
Signature Title (if applicable) Date

Type or print your name below if signing for a taxpayer who is not an individual.

Name Title (if applicable) Date

DECLARATION OF REPRESENTATIVE

Under penalties of perjury, by my signature below, I declare that:

- I am authorized to represent the taxpayer identified above for the matter(s) specified there; and
- I am one of the following:
 - Attorney — a member in good standing of the bar of the highest court of the jurisdiction shown below
 - Certified Public Accountant — duly qualified to practice as a certified public accountant in the jurisdiction shown below
 - Enrolled Agent — enrolled as an agent by the Internal Revenue Service per the requirements of IRS Circular 230
 - Officer — a bona fide officer of the taxpayer organization
 - Full-Time Employee — a full-time employee of the taxpayer
 - Family Member — a member of the taxpayer's immediate family
 - Tax Return Preparer
 - Other _____

Signature of Representative Title (if applicable) Date



OK Employment Security Commission Power of Attorney - Tax

OES-190T (Rev.4-07)

OKLAHOMA EMPLOYMENT SECURITY COMMISSION POWER OF ATTORNEY - TAX

I, _____, am the owner or officer with authority to contract for

Oklahoma Account # _____ Federal ID # _____

I hereby appoint:

Name: Acumen Fiscal Agent, LLC
Address: 5416 E. Baseline Rd., Suite 200
City, State, and Zip: Mesa, AZ 85206
Telephone No.: 877-584-0968
Fax No.: 855-295-9075

If you have this information, provide it here. Otherwise, if you do not have this information, leave these fields blank.

As attorney-in-fact to represent the above-named taxpayer before the Oklahoma Employment Security Commission with respect to all unemployment insurance tax matters and issues arising pursuant to Article III of the Employment Security Act of 1980. This Power of Attorney shall be effective immediately and shall remain in effect until the Oklahoma Employment Security Commission receives notice of its revocation. A notice of a revocation of a Power of Attorney or a notice of change of address must be in a separate writing and mailed to the Oklahoma Employment Security Commission at P.O. Box 52003, Oklahoma City, OK 73152-2003. The attorney-in-fact is authorized to receive all confidential information pertaining to the taxpayer's unemployment insurance tax account. This Power of Attorney removes all earlier Powers of Attorney previously granted by the taxpayer for unemployment insurance tax purposes.

Date

Signature

Printed Name Domestic Employer

Title

ACKNOWLEDGMENT

State of _____)
County of _____) SS.

Before me, the undersigned, a notary public in and for this county and state, personally appeared _____ and acknowledged to me that he/she executed the above instrument in his/her official capacity as the free and voluntary act and deed of himself/herself and the taxpayer.

In witness of this fact, I signed this document and affixed my official seal on _____.

Official Seal with Commission Number
And Expiration Date:

Notary Public



0190



OK Employment Security Commission Power of Attorney - Tax

OES-190T (Rev.4-07)

OKLAHOMA EMPLOYMENT SECURITY COMMISSION POWER OF ATTORNEY - TAX

in-fact is authorized to receive all confidential information pertaining to the taxpayer's unemployment insurance tax account. This Power of Attorney removes all earlier Powers of Attorney previously granted by the taxpayer for unemployment insurance tax purposes.

07/21/2022

Date

Signature

John Davis

Printed Name

Domestic Employer

Title

ACKNOWLEDGMENT

State of Oklahoma)
County of Tulsa) SS.

Before me, the undersigned, a notary public in and for this county and state, personally appeared John Davis and acknowledged to me that he/she executed the above instrument in his/her official capacity as the free and voluntary act and deed of himself/herself and the taxpayer.

In witness of this fact, I signed this document and affixed my official seal on July 21, 2022.

Official Seal with Commission Number
And Expiration Date:

Notary's Stamp/Seal
goes here

Notary's Signature

Notary Public



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 via:

Email: AcumenOK@acumen2.net

Fax: (855) 295-9075

Mail: 4823 South Sheridan Suite 310

Tulsa, OK 74145

Contact Information:

Call your personal Acumen Agent

Or Customer Service – (877) 594-0966

