



**2701 Larsen Road**

**Green Bay, WI 54303**

Dear CLTS Family:

Thank you for your interest in hiring a caregiver through our fiscal agent program. This program allows CLTS families such as yours to employ trusted individuals to provide much-needed services. These services are funded by Rock County Human Services, but paid by KCC Fiscal Agent Services in the form of a paycheck to the caregiver.

KCC Fiscal Agent Services is an agency assuming the role as Fiscal Agent as authorized under section 3504 of the IRS Code and detailed in the Revenue Procedures 70-6 and 80-4 (Appendices F and G). Under this program the child is the employer, KCC Fiscal Agent Services is the agency that processes the payrolls.

*In order for the child to be the employer, the child's parent/guardian fills out and signs a SS-4 form which is an Application for Employer Identification Number for the child.*

**Instructions for filling out the SS-4**

Line 1-Print the child's name.

Line 7a-Name of Responsible Party – Print the Guardian's Name

Line 7b-SSN, ITIN, or EIN – Fill in the Guardian's Social Security Number

Please sign, date and list the phone number of the child's parent/guardian

*The child's parent/guardian also fills out and signs the Employer/Payer Appointment of Agent form 2678.*

**Instructions for filling out form 2678**

Part 2: Employer or Payer Information

Line 2-Print child's name

Line 4-Print child's address

Bottom of 2678 form:

Signature, date and phone number of child's parent/guardian

Print name and title of child's parent/guardian

If you have any technical questions regarding these forms, please contact KCC Fiscal Agent Services at (920) 857-3980 or (920) 265-3783. Thank you again for your interest!

**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](http://www.irs.gov/FormSS4) for instructions and the latest information.  
 ▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

|  |  |   |
|--|--|---|
| <b>Type or print clearly.</b>  | 1 Legal name of entity (or individual) for whom the EIN is being requested<br><p style="text-align:center;"><b>HHCSR</b></p>   |   |
|  | 2 Trade name of business (if different from name on line 1)  | 3 Executor, administrator, trustee, "care of" name<br><p style="text-align:center;"><b>c/o KCC Fiscal Agent Services - Rock as Fiscal Agent</b></p> |
|  | 4a Mailing address (room, apt., suite no. and street, or P.O. box)<br><b>2701 Larsen Rd</b>  | 5a Street address (if different) (Don't enter a P.O. box.)  |
|  | 4b City, state, and ZIP code (if foreign, see instructions)<br><b>Green Bay, WI 54303</b>  | 5b City, state, and ZIP code (if foreign, see instructions)   |
|  | 6 County and state where principal business is located<br><b>Rock County, Wisconsin</b>  |   |
|  | 7a Name of responsible party   | 7b SSN, ITIN, or EIN  |
| 8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  | 8b If 8a is "Yes," enter the number of LLC members ▶  |
| 8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |   |
| 9a <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.  |  |   |
| <input checked="" type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____<br><input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____<br><input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____<br><input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____<br><input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____<br><input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____<br><input type="checkbox"/> Other (specify) ▶ <b>HHCSR using Fiscal Employer Agent</b> Group Exemption Number (GEN) if any ▶ _____ |  |   |
| 9b If a corporation, name the state or foreign country (if applicable) where incorporated  | State  | Foreign country   |
| 10 <b>Reason for applying</b> (check only one box)   |  |   |
| <input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____<br><input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____<br><input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____<br><input checked="" type="checkbox"/> Other (specify) ▶ <b>HHCSR using Fiscal Employer Agent</b> <input type="checkbox"/> Created a trust (specify type) ▶ _____<br><input type="checkbox"/> Created a pension plan (specify type) ▶ _____  |  |   |
| 11 Date business started or acquired (month, day, year). See instructions.   | 12 Closing month of accounting year <b>December</b>  |   |
| 13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.   | 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   |
| 15 First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶ <b>N/A</b>   |  |   |
| 16 Check <b>one</b> box that best describes the principal activity of your business. <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker<br><input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail<br><input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ <b>HHCSR using Fiscal Employer Agent</b>   |  |   |
| 17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.<br><b>HHCSR for domestic services - no filing requirement - Fiscal Employer Agent filing consolidated return</b>   |  |   |
| 18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," write previous EIN here ▶   |  |   |
| <b>Third Party Designee</b>  | 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<br><b>KCC Fiscal Agent Services</b>  | Designee's telephone number (include area code)<br><b>(920) 857-3980</b>  |
|  | Address and ZIP code<br><b>2701 Larsen Rd, Green Bay, WI 54303</b>   | Designee's fax number (include area code)<br><b>(920) 857-3981</b>  |
| Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.  |  | Applicant's telephone number (include area code)  |
| Name and title (type or print clearly) ▶   |  | Applicant's fax number (include area code)  |
| Signature ▶  | Date ▶   |   |

Form **2678 Employer/Payer Appointment of Agent**

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

OMB No. 1545-0748

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

**For IRS use:**

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

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

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

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

(Check one)

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

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

1 Employer identification number (EIN)

-

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

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 type="checkbox"/> | <input type="checkbox"/> |
| Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)                 | <input 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. ➔