



Participant Enrollment Packet

Fiscal Employer Agent Services

Welcome to Continuum Fiscal Services! We are pleased to have the opportunity to assist you in being an employer in the Participant Direction (PD). This packet contains the forms and information you need to get set up as an employer, so you may begin directing your services. The forms also give Continuum permission to file employee and employer taxes on your behalf, and to issue paychecks to your employees.

Customer Service Contact Information

Continuum Fiscal Services
 260 Peachtree St NW Suite 1500
 Atlanta, GA 30303
 Mon-Fri 8:30am - 5pm

Phone: 678-974-7942 Toll-Free: 1-855-874-9311
 Fax: 404-888-9142 Toll-Free: 1-855-872-3728
 Email: enrollments@continuumfs.com
 Web: www.continuumfs.com

Enrollment Packet Forms and Form Explanations

(these forms must be returned to Continuum Fiscal Services to enroll you as an employer)

Orientation and Enrollment Checklist	Use the checklist to ensure you complete every form.
Participant Information Form	This form gives Continuum basic information about you, so you can be set up in our system as an employer. It also captures information to complete the included federal and state tax forms,
Participant Agreement and Acknowledgement Form	This is an agreement between Continuum and you. It defines the responsibilities.
Power of Attorney	This form allows Continuum to act as your fiscal agent for state tax filings. This form is required for those transferring from another fiscal agent.
Limited Power of Attorney	This form allows Continuum to act as your fiscal agent for state tax filings. This form is required for those <u>NEW</u> to Participant Direction.
Cost Share Agreement	This form provides Continuum the amount DCH set as your Cost Share payment. This form is only required for CCSP waiver participants.
SS-4 Application for Employer Identification Number (EIN)	This form tells the IRS you are going to be a household employer. It is used to obtain a Federal Employer Identification Number (FEIN) which is needed for filing and reporting taxes.
2678 Employer/Payer Appointment of Agent	With this form you appoint Continuum to take care of employer tax responsibilities, allowing us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS.
Form 8821	This form authorizes the IRS to disclose your tax information to Continuum and access to your IRS records via a fiscal agent
Employer Status Report	This form is required to establish an unemployment insurance tax account in Georgia.
RD-1061 Power of Attorney	This authorizes Continuum to act as your representative regarding payroll taxes with the Georgia Department of Revenue

Supplemental Forms and Form Explanations

(can obtain these documents online for reference and use when necessary)

Payroll Calendar	This outlines when time sheets are due and when pay checks are issued.
Online Time Sheet Instructions	Online time sheets are the preferred method for submitting time worked by your direct service worker(s). This reduces time sheet errors, ensuring your workers get paid on time. If you have internet access please use online time sheets.
Paper Time Sheets and Time Sheet Instructions	If you choose to use paper time sheets. refer to the instruction sheet for the proper way to complete one.
Information Update Form	This form is required to cancel direct deposit or make changes to an address, contact information, or a name (must include social security card).
Rate Form	This form is required to change an employee's rate. No changes can be made without this form being completed. No retroactive changes are allowed.
Termination Form	This form is required to be submitted to Continuum when you are terminating an employee. This allows Continuum to deactivate the employee.
Separation Notice	Under Georgia law, at the time of separation. you are required by the Employment Security Law, OCGA Section 34-8-190(c) to provide the employee with this document properly executed. The separation notice should contain detailed reasons for the employee's separation. Maintain a copy for your records.



FISCAL EMPLOYER AGENT

**PARTICIPANT ENROLLMENT
CHECKLIST**

Waiver Participant Name	Representative Name (if applicable)

Participant Enrollment Packet (submit to Continuum)

Check as Completed.

- Participant and Representative Information Form
- Participant Agreement and Acknowledgement Form
- Authorization for Release of Information
- Power of Attorney
- Limited Power of Attorney
- CCSP Cost Share Agreement (for CCSP waivers only)

- Participant Tax Forms:
 1. SS-4 Form - Application for Employer Identification
 2. 2678 Employer/Payer Appointment of Agent
 3. Form 8821 - Tax Information Authorization
 4. Employer Status Report - Dept. of Labor
 5. Power of Attorney and Declaration - Dept. of Revenue

Supplemental Forms (Keep for future use)

- Payroll Calendar
- Online Time Sheet Instructions
- Paper Time Sheets and Time Sheet Instructions
- Information Update Form
- Rate Sheet
- Termination Form
- Separation Notice



Georgia Participant/Consumer-Directed Programs

Participant and Representative Information Form

WAIVER PARTICIPANT INFORMATION		
Program Type (Check one): <input type="radio"/> COMP <input type="radio"/> NOW <input type="radio"/> CCSP <input type="radio"/> ICWP <input type="radio"/> NOT SURE		
First Name:	Last Name:	
Current address (No PO Box)	Gender: <input type="radio"/> Male <input type="radio"/> Female	
City:	State:	ZIP Code: Phone:
Date of Birth:	Medicaid #:	SSN:
REPRESENTATIVE, INFORMATION (IF APPLICABLE):		
Name:		
Address:		
City:	State:	Zip Code:
Phone:	Email:	
SUPPORT COORDINATOR INFORMATION		
Name of support Coordinator:		
Name of support Coordinator Agency:		
Region:	Email:	Phone:

Transferring from Another Fiscal Agent: Yes No If Yes, provide number's below
You may have to contact your current Fiscal Agent and request these numbers.

EIN: _____ DOL: _____ DOR: _____



Participant / Representative Agreement

Waiver Program: (Check one) COMP NOW CCSP ICWP SOURCE

I understand by participating in the Georgia Participant/Consumer Directed Care Option I can exercise decision-making authority over some or all the services and supports I am authorized to receive. I accept responsibility for managing these services and supports; and understanding that I, or my representative, will be recognized as the legal employer or employees directly hired to provide services and responsible for paying employer taxes. This agreement authorizes Continuum Fiscal Services (Continuum) to obtain an Employer Identification Number (EIN) on my behalf, if needed. Continuum and Isolved (Reporting Agent) are authorized to represent me as an employer for employer related tax-reporting purposes including federal and state tax returns and federal and state unemployment tax returns.

I understand Continuum will manage all correspondence related to employer federal and state tax reporting including unemployment filings, supplying worker's compensation insurance for my employees and managing worker's compensation claims.

Waiver Participant's Information

Name of participant receiving waiver services: _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home (____) _____

Email: _____

Participant's Medicaid Number: _____

Participant's Social Security Number: _____

Participant's (ICD-10) Diagnosis Code: _____



Representative's Information:

Name of Representative: _____

Address: _____

City, State, and Zip Code: _____

Telephone: Home: (____) _____ Cell:(____) _____

E-Mail: _____

Representative's Social Security Number: _____

RESPONSIBILITIES:

As the employer, I agree to:

- ❖ Manage the budget for directly hired and vendor services.
- ❖ Identify, interview and hire qualified employees.
- ❖ Verify qualifications of employees including ensuring compliance with background screening requirements prior to the person rendering a waiver-funded participant directed service.
- ❖ Complete and submit required employee and vendor documents to Continuum for processing
- ❖ Maintain an employee and vendor file on each qualified employee and vendor.
- ❖ Document re-certifications including current First Aid & CPR and submit to Continuum, if required.
- ❖ Negotiate the wage rate for employees at no more than the maximum allowed including employer taxes; complete and sign the rate sheet and submit to Continuum.
- ❖ Determine the work schedule of employees up to a maximum of forty hours(40) per week.
- ❖ Schedule employees to ensure required and authorized services will be provided and overtime will not occur.
- ❖ Authorize employee to begin work upon notification from Continuum that the employee has been cleared to work.
- ❖ Review, approve, and sign the employee's timesheets (provided by Continuum) and vendor invoices to ensure accuracy prior to submitting for payment.
- ❖ Terminate employees for just cause and notify Continuum of the dismissal via a Termination Form and provide a Separation Notice to the employer.
- ❖ Notify Continuum of any changes in the participant and/or authorized representative's information.
- ❖ Notify Continuum of any changes in the workers employment status to include wage rate of services provided, complete an amended rate form and submit for processing.

Participant Signature

Date

Representative Signature

Date



Authorization for Release of Information

_____ (Participant's name), give permission for the Georgia Department of Community Health to release confidential information about me to Continuum Fiscal Services (CFS) for the purpose of performing their fiscal agent services. The confidential information that may be disclosed to Continuum Fiscal Services includes information provided on the completed forms and information collected from the Georgia Department of Community Health (DCH).

I understand all information obtained by Continuum Fiscal Services, will be treated as confidential and my privacy rights will be protected. I understand this consent form is continuous from the date of my signature below and I may withdraw consent at any time with written notification to Continuum (CFS) and the Georgia Department of Community Health (DCH).

AGREED TO BY:

Signature

Date



POWER OF ATTORNEY

KNOW ALL PERSONS BY THESE PRESENTS:

That, _____ (**Participant**), GA DOL Account No. _____

Having its principal office at _____ (**Participant's Address**)

Hereby appoints **CONTINUUM FISCAL SERVICES** as its true and lawful agent with authority to represent the said _____ (Participant) before the GA Department of Labor until further notice in connection with all matters affecting State Unemployment Insurance Taxes including with limitation, contributions, experience ratings and excluding claims.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from the Named employer relating to the subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of Attorney this ____ day of _____, 20__.

Employer's Name
By: _____
Signature

Print or Type Name

Title: Household Employer

It is respectfully requested that all forms pertaining to unemployment taxes be mailed to the new ADDRESS OF RECORD as indicated below:

Continuum Fiscal Services
260 Peachtree Street NW, Suite 1500
Atlanta, GA 30303
www.continuumfs.com



LIMITED POWER OF ATTORNEY

KNOW ALL, PERSONS BY THESE PRESENTS:

That _____ (Participant). GA DOL Account No. _____

Having its principal office at _____ (Participant's Address)

Hereby appoints **CONTINUUM FISCAL SERVICES** as its true and lawful agent with authority to represent the said _____ (Participant) before the GA Department of Labor until further notice in connection

with all matters affecting State Unemployment Insurance Taxes including, with limitation, tax contributions and experience ratings. but excluding claims.

This Power of Attorney supersedes, and revokes any prior power of attorney authorization from the undersigned relating to subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

The legal mailing address of the undersigned shall remain the same. The undersigned will continue to receive all correspondence pertaining to contributions, claims and experience ratings.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of Attorney

this _____ day of _____, 20____.

Employer's Name

By: _____
Signature

Print or Type Name

Title: **Household Employer**

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.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested		
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, "care of" name	
	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.)	
	4b City, state, and ZIP code (if foreign, see instructions)	5b City, state, and ZIP code (if foreign, see instructions)	
	6 County and state where principal business is located		
	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 type="checkbox"/> No	8b If 8a is "Yes," enter the number of LLC members ▶		
8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input type="checkbox"/> Other (specify) ▶ _____ Group Exemption Number (GEN) if any ▶ _____			
9b If a corporation, name the state or foreign country (if applicable) where incorporated	State	Foreign country	
10 Reason for applying (check only one box)			
<input type="checkbox"/> Started new business (specify type) ▶ _____ <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> _____ <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		
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"/>		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border-right: 1px solid black; text-align: center;">Agricultural</td> <td style="width:33%; border-right: 1px solid black; text-align: center;">Household</td> <td style="width:33%; text-align: center;">Other</td> </tr> </table>			Agricultural
Agricultural	Household	Other	
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"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Other (specify) ▶ _____			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
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	Designee's telephone number (include area code)
	Address and ZIP code	Designee's fax number (include area code)
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
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- Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*
- Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)
- Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)
- Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)
- Form 945 (Annual Return of Withheld Federal Income Tax)
- Form CT-1 (Employer's Annual Railroad Retirement Tax Return)
- Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)

*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. ➡

Part 3: Agent Information: If you will be an agent for an employer or payer, or want to revoke an appointment, complete this part.

6 Agent's employer identification number (EIN)

		–								
--	--	---	--	--	--	--	--	--	--	--

7 Agent's name (not trade name)

8 Trade name (if any)

9 Address

Number Street Suite or room number

--	--	--

City State ZIP code

--	--	--

Foreign country name Foreign province/county Foreign postal code

- Check here if the employer is a home care service recipient receiving home care services through a program administered by a federal, state, or local government agency.

Under penalties of perjury, I declare that I have examined this form and any attachments, and to the best of my knowledge and belief, it is true, correct, and complete.

X Sign your name here

Print your name here

Print your title here

Date

 / /

Best daytime phone

Instructions for Form 2678

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form 2678 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form2678.

Purpose of Form

Use Form 2678 if you want to:

- Request approval to have an agent file returns and make deposits or payments of Federal Insurance Contributions Act (FICA) taxes, Railroad Retirement Tax Act (RRTA) taxes, income tax withholding (ITW), or backup withholding; or
- Revoke an existing appointment.

Do not use prior versions of this form. All prior versions are obsolete. IRS will not accept them.

Can Employers Appoint Agents to Report, Deposit, and Pay Federal Unemployment Tax Act (FUTA) Tax?

Generally, employers cannot appoint an agent to report, deposit, and pay FUTA tax. However, if you are an employer who receives home care service, you may ask IRS to approve an agent to act on your behalf for FUTA tax purposes. Check the box in the footnote in Part 2, line 5.

To appoint an agent to act for FUTA tax purposes, you must also appoint the agent to act for FICA taxes and ITW purposes.

How to Complete the Form

Part 1: Why You Are Filing This Form

In Part 1, you will check a box to indicate why you are filing Form 2678.

- If you are an employer or payer and you want to appoint an agent, check the box that says, "You want to **appoint** an agent for tax reporting, depositing, and paying."
- If you are an employer, payer, or agent and you want to revoke an existing appointment, check the box that says, "You want to **revoke** an existing appointment."

Part 2: Employer or Payer Information

- If you are an employer or payer, enter your employer identification number (EIN), name, trade name, and address.
- If you are an agent revoking an existing appointment, enter the EIN, name, trade name, and address of the employer or payer for whom you have been authorized to act. The employer's or payer's signature is not required.

On line 5, check the boxes for all forms for which you want to:

- Request approval to appoint an agent to file on your behalf, or
- Revoke an agent's existing appointment.

If you are only appointing an agent for some employees, payees, or payments, check the box under *For SOME employees/payees/payments*.

Example 1. You are an employer. You appoint an agent to file returns and deposit FICA taxes and ITW related to biweekly wage payments that you paid your employees. However, you make bonus wage payments directly to your employees, not through the agent. You should report the bonus payments on a return filed using your EIN.

Example 2. You are an employer. You appoint an agent to file returns and deposit FICA taxes and ITW for biweekly wage payments that you paid to your employees. However, you make biweekly wage payments directly to your company's executives. You should report the wage payments to the executives on a return filed using your EIN.

If you are an employer or payer and you are requesting authorization to appoint an agent, sign and date Form 2678 in Part 2. Then give the form to the agent to complete and sign Part 3.

If you are an employer or payer and you want to revoke an existing appointment, sign and date Form 2678 in Part 2. Complete Part 3. Then send the form to the address for your location under *Where To File*, later.

Part 3: Agent Information

- If you are an employer or payer and you are requesting authorization to appoint an agent, have the agent complete and sign Part 3.
- If you are an employer or payer and you want to revoke an existing appointment, complete Part 3. The agent's signature is not required. Then send the form to the address for your location under *Where To File*, later.
- If you want to accept an appointment as an agent or you are an agent who wants to revoke an existing appointment, complete Part 3 with your information. Then sign and date the form where indicated. Send the form to the address for the employer's or payer's location under *Where To File*, later.

Note. If an agent is a corporate officer, partner, or tax matters partner, the agent must have the authority to execute this appointment of agent.

Filing Form 2678

Send Form 2678 to the address for the employer's or payer's location under *Where To File*, later. We will send a letter to the employer or payer and to the agent after we have approved the request. For agents of home care service recipients, we will send the approval letter only to the agent.

The authorization to act as an agent is effective on the date shown in the letter. Until we approve the request, the agent is not liable for filing any tax returns or making any deposits or payments.

Only one signature is required to revoke an agent's appointment. If an existing appointment is revoked, the IRS cannot disclose confidential tax information to anyone other than the employer or payer for periods after the appointment is revoked.

If an agent's appointment is revoked, we will send both the employer or payer and the agent a letter confirming the revocation. For agents of home care service recipients, we will send the letter confirming the revocation only to the agent. **The revocation is effective on the date shown in the letter.**

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. 1545-1165
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. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	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.

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

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.

Signature	Date
Print Name	Title (if applicable)

GEORGIA DEPARTMENT OF LABOR
SUITE 850 - 148 ANDREW YOUNG INTERNATIONAL BLVD NE - ATLANTA, GA 30303-1751

EMPLOYER STATUS REPORT

**READ INSTRUCTIONS ON REVERSE SIDE
 BEFORE COMPLETION OF FORM**

1. ENTER OR CORRECT BUSINESS NAME AND ADDRESS				RETURN ORIGINAL WITHIN 10 DAYS							
3. TRADE NAME				GEORGIA DOL ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
4. PRINCIPAL BUSINESS, FARM OR HOUSEHOLD LOCATION IN GEORGIA (Do not use a P. O. Box number)				(If already assigned) 2. TYPE OF ORGANIZATION <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Nonprofit org. <input type="checkbox"/> Limited Liability CO. (LLC) <input type="checkbox"/> Other (specify) _____							
Street Address		City		GA		Zip Code		County		Telephone Number ()	
5. DATE FIRST BEGAN EMPLOYING WORKERS WITHIN STATE OF GA.			DATE OF FIRST GA. PAYROLL			6. ARE YOU LIABLE FOR FEDERAL UNEMPLOYMENT TAX? Yes <input type="checkbox"/> No <input type="checkbox"/>			FEDERAL I.D. NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		
7. HAVE YOU... Acquired another business? Yes <input type="checkbox"/> No <input type="checkbox"/>			DATE ACQUIRED OR CHANGED			DID YOU ACQUIRE... <input type="checkbox"/> All of Georgia operations?			<input type="checkbox"/> Substantially all of Georgia operations (90% or more)		
Merged with another business? Yes <input type="checkbox"/> No <input type="checkbox"/>			PREDECESSOR'S GEORGIA DOL ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			<input type="checkbox"/> Part of Georgia operations (less than 90%)					
Formed a corporation or partnership? Yes <input type="checkbox"/> No <input type="checkbox"/>			DOES THE FORMER OWNER CONTINUE TO HAVE EMPLOYEES? Yes <input type="checkbox"/> No <input type="checkbox"/>								
Made any other change in the ownership of your business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain _____											
FROM WHOM? (Organization name, including trade name)						ADDRESS					
8. IF YOU HAD PRIVATE BUSINESS EMPLOYMENT: Did you, or do you expect to employ at least one worker in 20 different calendar weeks during a calendar year? Yes * <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date the 20th week first occurred: _____ Did you, or do you expect to have a quarterly payroll of \$1,500 or more? Yes * <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date this first occurred: _____						9. IF YOU HAD DOMESTIC EMPLOYMENT: Did you, or do you expect to pay cash wages of \$1,000 or more in any calendar quarter? Yes * <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date this first occurred: _____					
11. IF YOU ARE A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER IRS CODE 501(C)(3): Did you, or do you expect to employ four or more workers in 20 different calendar weeks during a calendar year? (ATTACH COPY OF 501(C)(3) EXEMPTION LETTER) * If yes, show date the 20th week first occurred: _____						10. IF YOU HAD AGRICULTURAL EMPLOYMENT: Did you, or do you expect to employ 10 or more agricultural workers in 20 different calendar weeks during a calendar year? Yes * <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date the 20th week first occurred: _____ Did you, or do you expect to have a gross cash agricultural payroll of \$20,000 or more in any calendar quarter? Yes * <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date this first occurred: _____					
12. HOW MANY EMPLOYEES do you have, (or anticipate when in full operation)? <input type="text"/>											
INFORMATION ABOUT OWNER, ALL PARTNERS, OR PRINCIPAL OFFICER (ATTACH ADDITIONAL SHEETS, IF NECESSARY)			Name			INFORMATION ABOUT PERSON OR FIRM WHO MAINTAINS FINANCIAL RECORDS OF BUSINESS			Name		
Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>			Residence Address			Address			Address		
City			City			City			City		
State			Zip Code			State			Zip Code		
Telephone ()			Telephone ()			Telephone ()			Telephone ()		
CERTIFICATION: I hereby certify under penalties of perjury, that the foregoing statement and those contained in any attached sheets signed by me are true and correct, and that I am authorized to execute this report on behalf of the employing unit. This report must be signed by owner, partner or principal officer.						Signature			Title		
						Date					

PLEASE COMPLETE INDUSTRY INFORMATION ON REVERSE SIDE.

DOL-1A (R-5/05)
TA489A



Georgia Department of Revenue

Power of Attorney and Declaration of Representative

Submit this form through GTC (gtc.dor.ga.gov) or to the Department employee handling your inquiry.

Section 1 Taxpayer Information

Taxpayer's Name	SSN/FEIN	Telephone Number
Spouse's Name (if joint income tax return)	Spouse's SSN (if applicable)	Telephone Number (if applicable)
Mailing Address		
Spouse's Mailing Address (if different from above)		

Section 2 Representative Information

Name of Person Given Power of Attorney	Telephone Number	Email Address
Mailing Address		
Name of Person Given Power of Attorney	Telephone Number	Email Address
Mailing Address		

Section 3 Tax Matters

The representative is authorized to represent the taxpayer before the Department for the following tax matters:

Tax Type(s): _____

Tax Period(s) or Tax Year(s): _____

The representative is authorized to perform on behalf of the taxpayer the following act(s) for the tax type(s) and tax period(s) or year(s) above (check all that apply):

- D To make payments on behalf of the taxpayer.
- D To receive, but not to endorse and collect, checks in payment of any refund of tax, penalty or interest.
- To execute waivers (and related documents) of restrictions on assessment or collection of tax deficiencies and waivers of any other rights of taxpayer.
- D To execute consents extending the statutory period for assessment, collection or refund of taxes.
- D To file protests and appeals from notices of assessment and to represent taxpayer in conferences and hearings.
- D To execute claims for refund.
- D To receive confidential information pertaining to these tax matters.
- D To perform all other lawful acts on behalf of the taxpayer concerning the tax matters above.

Section 4 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 Georgia Department of Revenue for the same matters and years or periods covered by this document. If you DO NOT want to revoke a prior Power of Attorney, mark an X in this box.

Please specify which Power(s) of Attorney you wish to remain in effect by listing the authorized representative(s) below:

Section 5 Taxpayer Authorization and Signatures

- The taxpayer named in Section 1 appoints the individual(s) named in Section 2 as representative(s) for the taxpayer concerning the tax matter(s) listed in Section 3.
- The taxpayer acknowledges that it is his or her responsibility to keep the representative(s) listed in Section 2 informed of the tax matters involving the Department and that the Department is not able to send copies of correspondence directly to the representative(s).

This Power of Attorney is not valid until it is signed and dated. If signed by a corporate officer, partner, member, trustee, or executor/ executrix on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. I understand that to willfully prepare or present a document that is fraudulent or false is a felony under O.C.G.A. § 16-10-20.

Signature	Print Name	Date	Title (if corporate officer)
Spouse's Signature (if joint)	Print Spouse's Name	Date	

Section 6 Acknowledgment of the Power of Attorney

This Power of Attorney must be acknowledged by the taxpayer before a notary public, **unless** the appointed representative(s) is licensed to practice as an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service. If the appointed representative(s) is licensed to practice as an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service, skip Section 6 and continue to Section 7.

Acknowledgement of Power of Attorney. The person(s) signing as the taxpayer in Section 5 above appeared this day before a notary public and acknowledged this Power of Attorney as a voluntary act and deed.



Sworn and subscribed before me this _____ day of _____, 20_____.

Signature of Notary

Date

Section 7 Declaration of Representative

Under penalties of perjury, I declare that:

- I am authorized to represent the taxpayer identified in Section 1 for the matter(s) specified in Section 3 of this form; and
- I am one of the following (indicate all that apply):
 1. An attorney-at-law licensed to practice in and a member in good standing of the Bar of the jurisdiction indicated below.
 2. A certified public accountant duly qualified to practice in the jurisdiction indicated below.
 3. Enrolled as an agent to practice before the Internal Revenue Service under the requirements of Circular 230.
 4. A registered public accountant.

Designation – use number(s) from above list (1 - 4)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number	Signature	Date



**Georgia Community Care Services Program (CCSP)
Cost Share Payment Agreement**

I _____ have chosen to participate in the
(Participant's printed name)

Consumer-Directed for Personal Support within the Community Care Services Program (CCSP). I am aware of my responsibility to pay my assigned cost share as determined by the Georgia Department of Community Health (DCH). My cost share has been determined to be \$ _____ and must be paid by the first of the month after the personal support services have been provided.

Because the cost share amount may be adjusted from time to time, I authorize CFS to amend this agreement as needed to comply with the cost sharing payment adjustments approved by the Georgia Department of Community Health.

I agree to pay my monthly cost share to Continuum Fiscal Services (CFS), my local agent by the 1st of each month for the cost share due for that month. Payment will be made by money order or cashier's check payable to Continuum Fiscal Services, Inc.

I understand that failure to meet my cost sharing obligation may result in being suspended or terminated from the CCSP Consumer-Directed option and a possible return to the CCSP traditional option through an approved contracted agency

I understand the above statements and conditions and I agree to pay my monthly cost share as required.

Signed:

Employee Participant signature

Date

Mail to: Continuum Fiscal Services, Inc.
260 Peachtree Street, NW, Suite 1500
Atlanta, GA 30303
Phone: 678-974-7942

Purpose of Form

A taxpayer may use Form RD-1061 to authorize an individual or individuals to represent the taxpayer before the Georgia Department of Revenue, to discuss and/or access confidential information, and to perform certain acts on behalf of the taxpayer for certain tax matters and periods. This Power of Attorney (POA) only authorizes the listed representative(s) to perform the acts indicated in this Form RD-1061. Representatives are not authorized to endorse or otherwise negotiate any check (including accepting payment by any means) issued by the Department. However, the representative(s) may make payments on behalf of the taxpayer if specifically authorized on the Form RD-1061.

Filing Instructions

Taxpayers should submit Form RD-1061 by uploading through Georgia Tax Center (GTC) (gtc.dor.ga.gov) or by sending to the Department employee handling your inquiry.

To upload to GTC: (1) Login, (2) Under "I Want To" select "See More Links", (3) Select "Submit Power of Attorney", and (4) Follow the prompts to upload the Form RD-1061.

Revocation

If you have a valid Form RD-1061 on file with the Department, the filing of a new Form RD-1061 revokes the authority of the prior representative for the same matters and periods covered by the new Form RD-1061 unless Section 4 is completed. The prior representative is still an authorized representative and retains any previously granted authority for the matters and periods not covered by the new Form RD-1061 unless specifically revoked.

If the taxpayer or representative merely wants to revoke an existing authorization, upload a copy of the previously executed Form RD-1061 on GTC with "REVOKE" clearly written on the form. If you do not have a copy of the authorization you want to revoke, upload a statement of revocation to GTC. The statement of revocation must indicate the name of each representative whose authority is revoked. To upload a revocation on GTC follow the same steps outlined above.

Specific Instructions

Section 1 – Taxpayer Information

Enter the name, address, and contact information of the taxpayer. If the taxpayer is an individual, enter the full Social Security number (SSN). If the taxpayer is a business entity, enter the Federal Employer Identification Number (FEIN). If the taxpayer is granting access to a joint return, enter the spouse's name, address, and full SSN.

Section 2 – Representative Information

Enter the representatives' names, addresses and any applicable contact information. A representative must be an individual, not a business entity. If designating authority to more than two representatives, please attach a schedule similar in form to Section 2 signed by the taxpayer.

Section 3 – Tax Matters

Enter the tax type(s) and specific period(s) or year(s) for which the authorization is being granted. The Department will only discuss and/or disclose taxpayer information for the type(s) and period(s) listed. Notices and communications will be sent to the taxpayer, not the representative. The representative may access copies of taxpayer notices and communications via third party access to the taxpayer's account through GTC.

Section 4 – Retention/Revocation of Prior Power(s) of Attorney

All existing Form RD-1061s effective for the same matters and periods covered by this document previously filed by the taxpayer **will be revoked** unless the taxpayer checks the box on this line. If the taxpayer checks this box, the taxpayer must list the representative(s) previously authorized whose Form RD-1061 they wish to remain in effect. If you check the box, but do not specify a previously authorized representative, all existing Form RD-1061s will remain in effect.

Section 5 – Taxpayer Authorization and Signature

The taxpayer must sign in Section 5 for Form RD-1061 to be effective. The table below shows who should sign for each type of taxpayer:

Taxpayer	Who Must Sign
Individuals	The individual/sole proprietor must sign (if granting access to a joint return, spouse must also sign).
Corporations	A corporate officer with authority to sign.
Partnerships	A partner having authority to act in the name of the partnership must sign.
Limited Liability Companies	A member having authority to act in the name of the company must sign.
Trusts	A trustee must sign.
Estates	An executor/executrix or the personal representative of the estate must sign.

Section 6 – Acknowledgment of the Power of Attorney

This POA must be acknowledged by the taxpayer before a notary public, **unless** an appointed representative is an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service. If an appointed representative is an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service, then Section 7 should be filled out completely instead of Section 6, which may be left blank.

Section 7 – Declaration of Representative

If an appointed representative is licensed to practice as an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service, then they may fill out Section 7 in lieu of being acknowledged by a public notary in Section 6.



Georgia Participant/Consumer-Directed Care Programs
WHAT IT COSTS YOU

It will cost you, the employer/participant, more to employ someone than just their wages. By law employers must pay an employee's federal and state unemployment taxes, worker's compensation insurance and a portion of the Medicare and Social Security taxes.

Units of Service: Your approved budget may have a specific number of units of service. When your units are in 15 minute increments, 4 units equal 1 hour. Newer budgets are approved at a \$1 = 1 unit rate.

What You Can Pay: Your budget has a maximum dollar amount that can be paid for each service you receive. This amount is used to pay the employee and your share of the mandatory employee benefits which include federal and state taxes and worker's compensation insurance. CFS calculates and pays these benefits on your behalf. The total cost of wages and benefits impacts your approved budget. To properly calculate the total wage distribution from your budget, please use the guidelines below when negotiating employee's salaries. Remember that the amount you pay your employee is their gross wage, employee's pay Medicare and Social Security taxes and complete tax withholding forms to determine the amount of state and federal income taxes to be withheld from their paycheck.

Employee Hourly Wage	Units =1 Hour, if applicable	Total Costs Per Hour (includes federal & taxes, worker's state taxes, worker's compensation)		Employee Hourly Wage	Units =1 Hour, if applicable	Total Costs Per Hour (includes federal & taxes, worker's state taxes, worker's compensation)
\$7.25	4 Units	\$8.33		\$12.00	4 Units	\$13.78
\$7.50	4 Units	\$8.61		\$12.25	4 Units	\$14.07
\$7.75	4 Units	\$8.90		\$12.50	4 Units	\$14.35
\$8.00	4 Units	\$9.19		\$12.75	4 Units	\$14.64
\$8.25	4 Units	\$9.47		\$13.00	4 Units	\$15.21
\$8.50	4 Units	\$9.76		\$13.25	4 Units	\$15.50
\$8.75	4 Units	\$10.05		\$13.50	4 Units	\$15.79
\$9.00	4 Units	\$10.33		\$13.75	4 Units	\$16.08
\$9.25	4 Units	\$10.62		\$14.00	4 Units	\$16.08
\$9.50	4 Units	\$10.91		\$14.25	4 Units	\$16.36
\$9.75	4 Units	\$11.20		\$14.50	4 Units	\$16.65
\$10.00	4 Units	\$11.48		\$14.75	4 Units	\$16.94
\$10.25	4 Units	\$11.77		\$15.00	4 Units	\$17.22
\$10.50	4 Units	\$12.06		\$15.25	4 Units	\$17.51
\$10.75	4 Units	\$12.34		\$15.50	4 Units	\$17.80
\$11.00	4 Units	\$12.63		\$15.75	4 Units	\$18.09
\$11.25	4 Units	\$12.92		Daily rates are calculated by dividing the rate on the budget by 1.1483 to identify the maximum daily rate for the employee		
\$11.50	4 Units	\$13.21				
\$11.75	4 Units	\$13.49				

The hourly wage is multiplied by 1.1483. You can also calculate the maximum hourly wage by taking the hourly rate on your budget and dividing by 1.1483.

Note: Based on 2016 rates of 14.83 (.06 FUTA, 2.7 SUTA, 3.92 Workers' Comp, 6.2 FICA and 1.45 Medicare)



**Georgia Participant/Consumer-Directed Care Programs
2022 Payment Schedule**

Timesheets must be submitted on CFS Web Portal by 12:00 (midnight). Vendor payment requests must be submitted to Continuum Fiscal Services (CFS) within 24 hours of the scheduled pay period end date. Ensure you have accurately recorded all days and hours worked on the CFS web portal. Vendor payment requests must be approved for processing.

MONTH	PAY PERIOD END DATE	SUBMIT BY DATE	PAY DATE
JANUARY	12/31/2022	01/01/2022	01/15/2022
	01/15/2022	01/16/2022	01/31/2022
FEBRUARY	01/31/2022	02/01/2022	02/15/2022
	02/15/2022	02/16/2022	02/28/2022
MARCH	02/28/2022	03/01/2022	03/15/2022
	03/15/2022	03/16/2022	03/31/2022
APRIL	03/31/2022	04/01/2022	04/15/2022
	04/15/2022	04/15/2022	04/30/2022
MAY	04/30/2022	05/01/2022	05/15/2022
	05/15/2022	05/16/2022	05/31/2022
JUNE	05/31/2022	06/01/2022	06/15/2022
	06/15/2022	07/16/2022	06/30/2022
JULY	06/30/2022	07/01/2022	07/15/2022
	07/15/2022	07/16/2022	07/31/2022
AUGUST	07/31/2022	08/01/2022	08/15/2022
	08/15/2022	08/16/2022	08/31/2022
SEPTEMBER	08/31/2022	09/01/2022	09/15/2022
	09/15/2022	09/16/2022	09/30/2022
OCTOBER	09/30/2022	10/01/2022	10/15/2022
	10/15/2022	10/16/2022	10/31/2022
NOVEMBER	10/31/2022	11/01/2022	11/15/2022
	11/15/2022	11/16/2022	11/30/2022
DECEMBER	11/30/2022	12/01/2022	12/15/2022
	12/15/2022	12/16/2022	12/31/2022

Bank holidays can cause a delay in pay dates including direct deposits.*When payroll falls on a weekend CFS will make every effort to pay on Friday.

If you have questions or concerns, contact our Customer Service Center at 678-974-7942 or 1-855-874-9311, Monday-Friday from 9:00 a.m. to 5:00 p.m.

To Submit Timesheets: Input in the CFS web portal