



Jean Gottwald, Fiscal Agent

13648 S Lakeview Circle; Gordon, WI 54838
715-661-9101 • 888-689-7798 • Fax: 715-513-7347
jlgfiscal@gmail.com

Thank you for selecting me to serve as your Fiscal Agent for services you will be receiving through Lakeland Care, Inc.

As your Fiscal Agent, I am the one to whom you will report the hours worked by your caregiver and I will process their payroll on your behalf. You will be working with a Managed Care Team to make sure you receive the services you need.

Your worker's timesheets will be sent directly to me. I will pay your worker and track the status of your budget that indicates what has been authorized for the services you receive.

Attached is the monthly timesheet for your use. It needs to be signed by you (or your guardian) and the employee/caregiver and submitted to me by the **8th of each month** and I will issue payment to your employee on the 20th of each month. **Please send the timesheets to:**

**Jean Gottwald, Fiscal Agent
13648 S Lakeview Circle
Gordon, WI 54838**

You may also fax or email them to the contacts listed above.

Your caregiver will be receiving information from me in the next few days regarding processes that need to be set up for them to be able to perform services for you.

Included in the attached packet are various forms that I need you (or your POA/Guardian) to complete and return. These forms will authorize me to act on your behalf as your Fiscal Agent. Please follow the checklist provided and make sure all forms are filled out and returned. I have included a sample of the Form SS-4 and Form 2678 indicating what areas you need to have completed.

If you do have a guardian and/or Power of Attorney, I will need a copy of the paperwork indicating that designation.

If you have any questions, please let me know. I look forward to serving as your Fiscal Agent.

Sincerely,

A handwritten signature in black ink that reads 'Jean Gottwald' in a cursive script.

Jean Gottwald,
Fiscal Agent

FISCAL EMPLOYER AGENT NEW EMPLOYER CHECKLIST

Welcome!

Please complete all the forms on the list below, including this New Employer Checklist. Send originals to Jean Gottwald, Fiscal Agent before the employee begins work.

Member Name	Managing Party Name (POA, Guardian)

Forms required for all New Employers:

The Member/Managing Party should date and initial each item as it is completed. The Member/Managing Party should keep a copy of each document and **send the originals to Jean Gottwald, Fiscal Agent.**

Initial	Date	Form
		New Employer Checklist
		Employer/Member Data Form
		Member Authorization
		Fiscal Agent Information for Client/Employer, Guardian or POA
		Employer and Fiscal Employment Agency Agreement
		SS-4 Application for Employer Identification Number
		Form 2678 Employer / Payer Appointment of Agent
		Include Power of Attorney / Court Ordered Guardianship (if applicable)

I have reviewed and verified the above forms for completeness and all forms are readable. As the Member/Managing Party, I understand that services cannot be conducted by Jean Gottwald, Fiscal Agent until the above forms authorizing that designation are completed and returned.

Member or Managing Party Signature

Date

EMPLOYER/MEMBER INFORMATION

Name: _____
First Middle Last

Date of Birth: _____ Social Security Number: _____ - -

Physical Address: _____
Street, Apt/Unit #

City, State, Zip Code

Mailing Address: _____
(if different) Street, Apt/Unit # or PO Box

City, State, Zip Code

POA/GUARDIAN INFORMATION (if applicable)

Name: _____
First Middle Last

Physical Address: _____
Street, Apt/Unit #

City, State, Zip Code

Mailing Address: _____
(if different) Street, Apt/Unit # or PO Box

City, State, Zip Code

CONTACT INFORMATION: _____ **Member/Client** **OR** _____ **POA/Guardian**

Phone # Home: _____ Cell: _____

Email: _____

I want Jean Gottwald, Fiscal Agent to contact me by:

Phone: () Yes () No Email: () Yes () No Mail: () Yes () No

Signature of Member/Guardian/POA

Date: _____

MEMBER AUTHORIZATION

Member Name: _____ Member Date of Birth: _____

Member E-mail Address: _____

Member Phone Number: _____

Member Address: _____

1. I, _____ authorize my funding source to release a copy of my current POA or Guardianship documents to Jean Gottwald, Fiscal Agent.
 2. I, _____ authorize Jean Gottwald, Fiscal Agent to act as agent including, but not limited to, file returns, make deposits or payments of employment taxes, apply for Federal Employer Identification Number and access any prior payroll records to ensure accurate filing of current reports.
 3. OPTIONAL: I, _____ authorize Jean Gottwald, Fiscal Agent to release information on hours of service authorized by my funding source, my employee's hours of service to me and any changes to those items to _____.
- I understand that this authorization is voluntary and not a condition of my FEA services. I understand that with giving this permission that it can be revoked by me at any time by revoking the permission in writing to Jean Gottwald, Fiscal Agent.

Signature Date

Optional: Jean Gottwald, Fiscal Agent follows all Civil Rights and Equal Opportunity regulations. The questions below are used only for government reporting requirements. You can choose to answer or not answer these questions.

Gender: ☐ Male ☐ Female Ethnicity: ☐ Hispanic ☐ Not Hispanic
 Race (choose one): ☐ Black/African American ☐ American Indian/Alaskan Native
☐ Asian ☐ White ☐ Native Hawaiian/Pacific Islander ☐ More than one
 Language: ☐ English ☐ Spanish ☐ Hmong ☐ Other _____

Fiscal Agent Information for Client/Employer, Guardians or Power of Attorney

- If you are a parent who will be signing documents on behalf of a minor child Client/Employer, you must submit proof of your relationship to the child (such as a birth certificate).
- If you are a guardian or have financial power of attorney (POA) and you will be signing on behalf of the Client/Employer, you must submit proof of your legal status. An acceptable form of proof is the guardianship papers with the court seal visible.
- When you sign on behalf of the Client/Employer, sign your name (not theirs).
- If you are a parent, guardian or POA who will be signing on behalf of the Client/Employer, remember:
 - You must sign and date all set-up documents on behalf of the Client/Employer.
 - Once the Client/Employer is in the program, you should sign employee timesheets on his/her behalf.

☐ *Client/Employer will be signing on their own behalf*

Client name _____

Contact address _____

Contact phone _____

Contact email _____

☐ *Parent will be signing on behalf of minor child client/employer*

Client name _____

Parent name _____

Contact address _____

Contact phone _____

Contact email _____

☐ *Guardian/POA will be signing on behalf of the client/employer*

Client name _____

Guardian/POA _____

Contact address _____

Contact phone _____

Contact email _____

Employer and Fiscal Employment Agency Agreement

This agreement is between Jean Gottwald, Fiscal Agent and

Employer/Member, _____

I am the _____ Member, the _____ Guardian/POA. I have chosen to receive Fiscal Agent services from Jean Gottwald.

This agreement helps everyone understand their role and responsibilities related to the Fiscal Employment Agency program.

MEMBER/EMPLOYER or GUARDIAN/POA roles and responsibilities:

1. Complete all forms required to get the Fiscal Agent program set up.
2. Make sure that Jean Gottwald has a copy of legal documents if guardian or POA is applicable.
3. Follow all Federal and State regulations regarding employment processes, equal employment opportunities, non-discrimination and all other laws to ensure that fair and consistent practices are being used.
4. Understand that the member (person receiving services) is the employer of record and chooses their employees. As the employer, you are responsible for:
 - Screening, hiring, training and supervision of the employees
 - The actions of the employees
 - Actions taken as an employer towards the employees
5. Understand that Jean Gottwald is NOT the employer. Jean Gottwald assists with administrative tasks and performs payroll services for the employees hired by the member.
6. Require that employees turn in accurate timesheets on a timely basis. Review the timesheets for accuracy and validate by signing timesheet.
7. Understand concerns of fraud and abuse and will not sign timesheets that list hours not worked or list any other fraudulent information that results in overpayments.
8. Stay within the guidelines of what is authorized for hours worked and tasks required – not using more hours than what care manager has approved.
9. Provides employees with good training so needs and outcomes are met.
10. Responsible for the payment of any wages and expenses that exceed the amount authorized in the member's budget and/or all overtime payments.
11. Responsible to report issues or concerns of safety, health or well-being (to include abuse, neglect and misappropriation of funds) immediately to care management team.
12. Understands that issues/concerns with employee timesheets are directed to Jean Gottwald.
13. Responsible to inform Jean Gottwald of status changes with employees (i.e. new employees, employees that are no longer working for member, etc.).

14. Ensure employee reports work-related injury within 24 hours to Jean Gottwald (contacts listed below)
15. Responsible to inform Jean Gottwald of any employees who do not work for 90 days or more.

FISCAL EMPLOYMENT AGENCY roles and responsibilities:

1. Provide and coordinate all paperwork necessary to get the member and their employees set up in the Fiscal Agent program.
2. Set up Federal Identification Number, worker compensation, state unemployment (if required) and all other paperwork required for the Fiscal Agent program.
3. Pay wages to the member's employees according to approved timesheets.
4. Make appropriate monthly payroll tax payments to include: federal withholding tax deposits, state withholding tax deposits and any assigned employee wage garnishments.
5. File quarterly aggregate and individual tax reports and make appropriate tax payments to include: IRS Form 941 Employer's Federal Tax Return, Form 941 Schedules A and R and State of Wisconsin Unemployment Insurance (SUTA) Form UCT101.
6. File annual aggregate and individual tax reports and make appropriate tax payments to include: W-2 Wage and Tax Statement, W-3 Transmittal of Wage and Tax Statements, Form 940 Employer's Annual Federal Unemployment (FUTA) Tax Return, Form 940 Schedule R, State of Wisconsin WT-7 Employers Annual Reconciliation of Wisconsin Income Tax Withheld and check issuance of refundable FICA/Medicare taxes withheld to employees under the annual threshold.
7. Maintain payroll records for every employer and provider in accordance with state and federal laws and regulations.
8. Submit claims to the funding agency on behalf of the member.
9. Inform and communicate with the member and/or care manager when hours exceed authorized units.
10. Inform the member of our Fiscal Agent website which contains tools they can use to assist them with trainings and other employer-related functions (in process).
11. Provide excellent customer service so the member can achieve great outcomes.

Summary: The member is the employer of record and is responsible for all personnel practices and their employees. The fiscal agent relationship of Jean Gottwald, to the member, is that of performing limited administrative tasks and payroll services for the member and their employees. Neither party is an employee or representative of the other party.

The member/employer will hold Jean Gottwald, Fiscal Agent harmless of any lawsuits or claims resulting from the actions of the member/employer and/or the employee(s) of the member. Any damages or costs incurred, including the costs of corporate counsel, will be paid for by the member.

Signatures and dates below indicate understanding and acceptance of agreement.

Member/Employer or Guardian

Jean Gottwald_____

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

EIN

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"/> 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 type="checkbox"/> Other (specify) ▶ _____ <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"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises 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"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶ _____ <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"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Created a pension plan (specify type) ▶ _____																	
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year															
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></table>		Agricultural	Household	Other	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). 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. <table border="0"><tr><td><input type="checkbox"/> Construction</td><td><input type="checkbox"/> Rental & leasing</td><td><input type="checkbox"/> Transportation & warehousing</td><td><input type="checkbox"/> Health care & social assistance</td><td><input type="checkbox"/> Wholesale-agent/broker</td></tr><tr><td><input type="checkbox"/> Real estate</td><td><input type="checkbox"/> Manufacturing</td><td><input type="checkbox"/> Finance & insurance</td><td><input type="checkbox"/> Accommodation & food service</td><td><input type="checkbox"/> Wholesale-other</td></tr><tr><td colspan="3"><input type="checkbox"/> Other (specify) ▶</td><td><input type="checkbox"/> Retail</td><td></td></tr></table>			<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"/> Other (specify) ▶			<input type="checkbox"/> Retail	
<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"/> Other (specify) ▶			<input type="checkbox"/> Retail														
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 Unknown 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.

- 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

--

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)*



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. ➡

Timesheets received after the due date of the **8th of the month** will be paid with the following payroll. **NO EXCEPTIONS!**
The program and/or Fiscal Agent are not responsible for paying hours that exceed the authorized hours.

Period Beginning:	
Period Ending:	

Period Beginning:	
Period Ending:	

* Time should be entered to the nearest quarter hour (i.e. :00, :15, :30, :45)

Total hours this page: _____

Total hours all pages: _____

It is your responsibility to verify that your completed timesheet has been received by Jean Gottwald, Fiscal Agent. If sent via email, a return message will be sent. If you request verification that your timesheet was received, please contact Jean Gottwald, Fiscal Agent at one of the contacts listed below.

Email: jean.gottwald@gmail.com **Website:** jgfiscal.com **Cell phone:** 715-661-9101 **Fax #:** 715-513-7347
Toll Free: 888-689-7798

Timesheets received after the due date of the **8th of the month** will be paid with the following payroll. **NO EXCEPTIONS!**
The program and/or Fiscal Agent are not responsible for paying hours that exceed the authorized hours.

Employee Name: _____

**Person Receiving
Services (member):** _____

**Employee Phone
Number:** _____

[illegible]

Total hours all pages: _____

Member/POA/Guardian Signature 	Date signed: 	As the person receiving services or authorized representative, I certify that the employee's hours shown on this timesheet are correct and that the work was performed satisfactorily during the time period above.
Employee Signature 	Date signed: 	I certify that I worked the hours shown on the timesheet on the days indicated and that this timesheet has been certified by the person receiving services or authorized to sign for the person receiving services. Also, I understand that payment for services provided are subject to payroll taxes.

Toll Free: 888-689-7798