

Public Partnerships, LLC
Attention: **OR FMAS**
8000 Avalon Blvd Suite 300
Alpharetta, GA 30009





NEW EMPLOYER ENROLLMENT

Welcome!

Public Partnerships LLC (PPL) is excited to serve you. We will be your Financial Management Services (FMS) agent. Before PPL can be your FMS agent, you and your Providers must complete the enrollment process. PPL will help you with each step.

The first step is to complete the employer enrollment forms:

Required Forms

- Employer Agreement
- IRS Form SS-4
- IRS Form 2678
- OR Form 150-800-005

You may choose to have a family member or friend help you with your Employer duties. If you choose to have someone to help you, PPL will need this form:

- Authorized Representative Agreement

PPL will contact you if any forms are missing or incomplete.

Return your forms by mail to:

Public Partnerships LLC
8000 Avalon Blvd Suite 300, Alpharetta, GA 30009

Or send in by Fax: 1-844-399-6593

If you have questions, please call PPL customer service at:

1-888-419-7705

You can also send us an e-mail at PPLORFMAS-CS@pplfirst.com

Si tiene alguna pregunta, por favor llame al servicio al cliente PPL:

1-888-419-7720 – Español

También nos puede enviar un correo electrónico a PPLORFMAS-CS@pplfirst.com

Если у вас есть вопросы, пожалуйста позвоните в PPL обслуживания клиентов по телефону:

1-888-419-7734 - Русский

Вы также можете отправить нам сообщение по электронной почте по адресу PPLORFMAS-CS@pplfirst.com



EMPLOYER AGREEMENT

Individual Name

First: **Last:** **PPL ID:**

Employer Name (this must be completed)

First: **Last:**

This agreement covers the responsibilities of the Employer. They are subject to federal and state laws.

Terms and Conditions

PUBLIC PARTNERSHIPS LLC (PPL) DUTIES:

1. Provide enrollment packets.
2. Pay Providers in accordance with the payroll schedule set by the Collective Bargaining Agreement between the SEIU503 Local and the state. For the Provider to be paid, timesheets must be approved by the Employer.
3. Deposit Employer-related taxes using the Employer's tax ID.
4. Follow all IRS and State guidelines.
5. Obtain all proper Federal and State Powers of Attorney.
6. Process all tax exemptions and withholdings.
7. Maintain records of all:
 - Withholdings
 - Filings
 - Payments
8. Supply the Provider with a paystub for each pay period.
9. Furnish the Provider with end of year statements for filing income tax returns.
10. Submit all claims to the Program on behalf of the Employer.
11. Will only pay for tasks approved in the Service Plan.
12. Upon the end of this Agreement PPL will complete all required federal and state filings.

EMPLOYER DUTIES:

1. Agrees that they are the Employer. The Provider is not an employee of PPL or the State.
2. The Employer will coordinate with their Case Management Entity to ensure the Provider:
 - Meets program criteria
 - Has completed required training based on program rules
 - Passes a background check before starting work
3. Non-qualified Providers cannot be paid.
4. The Employer:
 - Will set the terms of employment
 - Can end the employment of the Provider
 - Must follow all State fair hiring and firing standards

Repeated dismissals by the Employer may make replacing staff harder. This could raise state unemployment tax rates. The Employer must tell PPL when an Employee has been let go. This information will be saved by PPL.

If the Provider's employment stops for 18 months or longer, they may have to complete new paperwork.

Change of Employer

If a new Employer replaces the previous Employer, they become the successor employer. The Provider must have continued to provide the same services to the same Individual. The new employer is required to keep completed forms. This includes the I-9.

Electronic Signatures

PPL supports electronic signing of forms if it is lawful and applies.

Electronic Visit Verification (EVV)

The Provider must clock in and clock out for their shift using an approved EVV method.

Agree and Sign

The Employer confirms:

- I have read all of this form.
- I understand my responsibilities.
- I agree to the terms of this Agreement.
- My records are protected under state and federal laws.
- I understand my records cannot be disclosed without my consent unless required by law.
- The details provided are accurate and complete.

Employer Signature:

Date:

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.

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 Public Partnerships LLC
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 8000 Avalon Blvd Suite 300	5a Street address (if different) (Don't enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) Alpharetta, GA 30009	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) ▶ HCSR Using Employer/Fiscal Agent 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) ▶ HCSR Using Employer/Fiscal Agent <input type="checkbox"/> Created a trust (specify type) ▶ _____ <input type="checkbox"/> Other (specify) ▶ HCSR Using Employer/Fiscal Agent <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 December
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	
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) ▶ HCSR Using Employer/Fiscal Agent		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. HCSR Household Employer Using Employer/Fiscal 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 Shay McCool, David Goldberg	Designee's telephone number (include area code) 844-225-3659
	Address and ZIP code 8000 Avalon Blvd Suite 300, Alpharetta, GA 30009	Designee's fax number (include area code) 866-260-6260
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) ▶ Household Employer		Applicant's fax number (include area code)
Signature ▶		Date ▶

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-14 and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously-assigned EIN.

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)

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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 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. ➡



**Tax Information Authorization
and
Power of Attorney for Representation**

For office use only
Date received

• Please print. • Use only blue or black ink. • See additional information on the back.

Taxpayer name	Identifying number (SSN, BIN, FEIN, etc.)
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Spouse's name, if joint return	Spouse's identifying number (SSN, etc.)
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Address	City	State	ZIP code
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Check only one:

- Tax Information Authorization:** Checking this box allows the department to disclose your confidential tax information to your designee. You may designate a person, agency, firm, or organization.
- Power of Attorney for Representation:** Check this box if you want a person to "represent" you. This means the person may receive confidential information and may make decisions on your behalf. The person you designate **must** meet the qualifications listed on the back of this form.

For **All tax years,** or **Specific tax years:** _____ ,

I hereby appoint the following person as designee or authorized representative:

Name PUBLIC PARTNERSHIPS LLC	Phone (844) 225-3659	Fax (866) 260-6260	
Mailing address 8000 Avalon Blvd Suite 300	City Alpharetta	State GA	ZIP code 30009
Representative's title and Oregon license number or relationship to taxpayer FISCAL AGENT			
If out-of-state CPA, sign here attesting you meet the requirements to practice in Oregon (see instructions)			

The above named is authorized to receive my confidential tax information and/or represent me before the Oregon Department of Revenue for:

- All tax matters, or
- Specific tax matters. Enter tax program name(s): COMBINED PAYROLL

Signature of taxpayer(s)

- I acknowledge the following provision: Actions taken by an authorized representative are binding, even if the representative is not an attorney. Proceedings cannot later be declared legally defective because the representative was not an attorney.
- Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer(s): By signing, I also certify that I have the authority to execute this form.
- If a tax matter concerns a joint return, both spouses must sign if joint representation is requested. Taxpayers filing jointly may authorize separate representatives.

Signature X	Print name	Date
Title (if applicable) OWNER - DOMESTIC EMPLOYER	Daytime phone	
Spouse (if joint representation) X	Print name	Date

Note: This authorization form automatically revokes and replaces all earlier tax authorizations and/or all earlier powers of attorney on file with the Oregon Department of Revenue for the **same** tax matters and years or periods covered by this form. If you **do not** want to revoke a prior authorization, initial here _____.

Attach a copy of any other tax information authorization or power of attorney you want to remain in effect.

Complete the following, if known (for routing purposes only):

Revenue employee: _____

Division/Section: _____

Phone/Fax: _____

Send to: Oregon Department of Revenue
955 Center St NE
Salem OR 97301-2555

Visit www.oregon.gov/dor to complete this form using Revenue Online.

**If this tax information authorization or power of attorney form is not signed, it will be returned.
Power of attorney forms submitted with Revenue Online will be signed electronically.**