

DOCUMENT NAME	REQUIRED / OPTIONAL
Authorized Representative Form	Required
<b>Form SS-4:</b> Application for Employer Identification Number	Required
<b>Form 2678:</b> Employer/Payer Appointment of Agent	Required
<b>Form UIT-1146A FORFF:</b> Limited Power of Attorney	Required
<b>Form 821-PSC:</b> Withholding Tax Payroll Service Company Authorization	Required
CYMA Agreement	Required
Background Check Disclosure	Required
Fraud and Abuse Statement	Required
Privacy Policy	Required
The Fair Wages and Families Act	Informational

### QUESTIONS?

If you have questions about the forms, please contact your ResilientSD Account Coordinator.

- **Email:** [ICVIC@Resilient-SD.com](mailto:ICVIC@Resilient-SD.com)
- **Phone:** 855.275.3948

### NOTE:

Please ensure all **REQUIRED** documents are filled out accurately before submitting them for processing.

DOCUMENT NAME	DEFINITION
Authorized Representative Form	Allows an Authorized Representative to assume all program responsibility in place of the Veteran.
<b>Form SS-4:</b> Application for Employer Identification Number	Allows ResilientSD to obtain an Employer Identification Number assigned by the IRS to businesses used to file employer taxes on your behalf.
<b>Form 2678:</b> Employer/Payer Appointment of Agent	Allows ResilientSD the permission to pay your employees and generate W2s for them.
<b>Form UIT-1146A FORFF:</b> Limited Power of Attorney	Allows ResilientSD to become the Power of Attorney for the EIN obtained in the SS4.
<b>Form 821-PSC:</b> Withholding Tax Payroll Service Company Authorization	Allows ResilientSD to receive and inspect confidential tax information from Arizona Department of Revenue.
CYMA Agreement	ResilientSD partners with CYMA to complete payroll for your employees.
Background Check Disclosure	Allows ResilientSD to run a background check (For Authorized Representatives Only).
Fraud and Abuse Statement	Outlines ResilientSD policy and procedures related to fraud and abuse.
Privacy Policy	Document that outlines how ResilientSD protects your information.
The Fair Wages and Families Act	Requires employers to provide paid sick leave to employees and phased in an increase of the state's minimum wage.



THE INDEPENDENCE CENTER – ARIZONA  
VETERAN DIRECTED CARE  
AUTHORIZED REPRESENTATIVE FORM

**INSTRUCTIONS:** Please fill out any information in Sections 1 through 2, where applicable. Veterans are required to sign and date at the bottom of the form. If a Veteran has an Authorized Representative, the AR must also sign and date the form. Please submit completed form to ResilientSD:

**Mail**

10425 W. North Ave  
Suite 345  
Milwaukee, WI 53226

**Email**

[Enrollment@Resilient-SD.com](mailto:Enrollment@Resilient-SD.com)

**SECTION 1: VETERAN INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**SECTION 2: AUTHORIZED REPRESENTATIVE INFORMATION**

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

By signing below, you certify that the information on this form is accurate and that you have all supporting documentation that may be needed to verify your selection. For any questions or concerns, please contact our office at: **855.275.3948**.

Veteran Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative 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.)

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

EIN

<b>Type or print clearly.</b>	<b>1</b> Legal name of entity (or individual) for whom the EIN is being requested		
	<b>2</b> Trade name of business (if different from name on line 1)	<b>3</b> Executor, administrator, trustee, "care of" name	
	<b>4a</b> Mailing address (room, apt., suite no. and street, or P.O. box)	<b>5a</b> Street address (if different) (Don't enter a P.O. box.)	
	<b>4b</b> City, state, and ZIP code (if foreign, see instructions)	<b>5b</b> City, state, and ZIP code (if foreign, see instructions)	
	<b>6</b> County and state where principal business is located		
	<b>7a</b> Name of responsible party		<b>7b</b> SSN, ITIN, or EIN
<b>8a</b> Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>8b</b> If 8a is "Yes," enter the number of LLC members	
<b>8c</b> If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>9a</b> <b>Type of entity</b> (check only one box). <b>Caution:</b> If 8a is "Yes," see the instructions for the correct box to check.			
<input 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 _____	
<b>9b</b> If a corporation, name the state or foreign country (if applicable) where incorporated		State	Foreign country
<b>10</b> <b>Reason for applying</b> (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"/> Other (specify) _____		<input type="checkbox"/> Created a pension plan (specify type) _____	
<b>11</b> Date business started or acquired (month, day, year). See instructions.		<b>12</b> Closing month of accounting year	
<b>13</b> Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		<b>14</b> If you expect your employment tax liability to be \$1,000 or less in a full calendar year <b>and</b> want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter <input type="checkbox"/>	
Agricultural	Household	Other	
<b>15</b> First date wages or annuities were paid (month, day, year). <b>Note:</b> If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year)			
<b>16</b> Check <b>one</b> 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) _____			
<b>17</b> Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
<b>18</b> 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 _____			
<b>Third Party Designee</b>	Complete this section <b>only</b> 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 _____

See below to determine whether you need an EIN. However, for further information on applying for an EIN, including how to submit an EIN application, see the separate instructions at [www.irs.gov/FormSS4](http://www.irs.gov/FormSS4).

## 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.<sup>1</sup> 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), 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), and 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) <sup>2</sup>	complete lines 1-18 (as applicable).
purchased a going business <sup>3</sup>	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 <sup>4</sup>	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator <sup>5</sup>	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 <sup>6</sup>	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 <sup>7</sup>	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 <sup>8</sup> , 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 <sup>9</sup>	complete lines 1-18 (as applicable).

<sup>1</sup> 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.

<sup>2</sup> 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).

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

<sup>4</sup> 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.

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

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

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

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

<sup>9</sup> 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. December 2024) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

**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're 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 isn't effective until we approve your request. See the instructions for more information.

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

<b>For IRS use:</b>

**Part 1: Why you're 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, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<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 can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

- Check here if you're a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contract with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contract may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

**Sign your name here**

Print your name here

Print your title here

Date

Best daytime phone

**Now give this form to the agent to complete.**

**LIMITED POWER OF ATTORNEY**

The Limited Power of Attorney form is used by employers to authorize a third party to represent them before the Arizona Department of Economic Security (DES) in the Unemployment Insurance (UI) matters specified on the form. Such authorization also permits DES to provide the representative with any confidential information concerning the employer's Arizona UI account that is related to those matters.

Specify which matters the authorization applies to by checking the appropriate checkbox(es) on the form. If you want the authorization limited to a specific matter, such as a specific DES decision under appeal, check the "Other, specific UI matter" checkbox and briefly describe the matter in the space below to identify it specifically. Provide the representative's address immediately below that if you want to have all correspondence related to the "Other, specific UI matter" mailed to that address.

If you want to change the primary mailing address for general DES correspondence related to the employer's UI account, complete the area of the form provided for that purpose. You may also specify a separate mailing address for unemployment benefit claim-related notices by completing the area of the form provided for that purpose. Such a separate address is sometimes advisable, to enable the timely protesting of claims. Protests must be returned or postmarked within 10 business days after the date on the claim filing notice (Notice to Employer – UB-110) to be considered timely.

Submit the completed form with the original signature of a duly qualified officer or owner of the employer's business to the UI Tax Employer Registration Unit at the address below. Questions about the use or completion of the form should also be directed to the Employer Registration Unit.

ADES - UI Tax Section  
Employer Registration Unit  
P.O. Box 6028 - Mail Drop 5881  
Phoenix, Arizona 85005-6028  
Telephone – (602) 771-6602  
Fax – (602) 532-5539  
Email – [UITStatusClerical@azdes.gov](mailto:UITStatusClerical@azdes.gov)

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service, or activity. Auxiliary aids and services are available upon request to individuals with disabilities. To request this document in alternative format or for further information about this policy, Contact the UI Tax Office at 602-771-6606; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.

### LIMITED POWER OF ATTORNEY

#### EMPLOYER INFORMATION

EMPLOYER NAME	ARIZONA UI ACCOUNT NO. OR FEDERAL EIN
<input type="text"/>	<input type="text"/>

Hereby appoints

<input type="text" value="PremierFMS"/>	<input type="text" value="855.275.3948"/>
<i>(Representative Company's Name)</i>	<i>(Representative Company's Phone No.)</i>

To represent said employer before the Arizona Department of Economic Security (DES) in all matters related to Arizona Unemployment Insurance (UI) specified below until further notice (check all boxes that apply):

- UI tax preparation/filing including filing/paying via the Internet Tax and Wage System (TWS)
- All other general UI matters (all benefit claim protests, all appeals of agency determinations, etc.)
- Other, specific UI matter (provide details below to identify the matter or no action will be taken):

Provide representative's address if you want mail concerning the "Other, specific UI matter" sent there:

*REPRESENTATIVES COMPANY'S ADDRESS (P.O. Box/Street No., Street, City, State, ZIP)*

#### COMPLETE THIS AREA ONLY IF YOU WANT TO CHANGE THE EMPLOYER'S PRIMARY MAILING ADDRESS

EMPLOYER NAME	PHONE NO.
<input type="text"/>	<input type="text"/>

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

\*All general UI correspondence including liability determinations, tax and wage report forms, tax assessments, and notices of tax rates, benefit charges, appeals, liens and claim filings are mailed to the **PRIMARY** address. If you want a **SEPARATE** mailing address for notices of unemployment benefit claim filings, claim determinations and claim appeals, complete the address area below.

#### OPTIONAL SEPARATE MAILING ADDRESS FOR UNEMPLOYMENT BENEFIT CLAIM-RELATED NOTICES

EMPLOYER NAME	PHONE NO.
<input type="text"/>	<input type="text"/>

ADDRESS *(P.O./Street No. Street, City, State, ZIP)*

In witness whereof, said employer has caused this instrument to be attested by the signature of a duly qualified officer or owner this day of

(Day)  (Month)  (Year)

This Limited Power of Attorney authorization cancels and/or supersedes all prior authorizations related to the specified matters and remains in effect until revoked in writing by either the employer or the representative

PRINT NAME <i>(First, M.I., Last)</i>	TITLE
<input type="text"/>	<input type="text" value="Employer"/>

#### FOR AGENCY USE ONLY

- REVISED PRIMARY ADDRESS
- REVISED/ADDED CLAIMS ADDRESS

INITIALS  DATE  NOTES

**1. Taxpayer Information** Taxpayer must sign and date this form in Section 6.

Taxpayer Name		Employer Identification Number (EIN)	
Address (Number and street or PO Box)		Daytime Phone Number (with area code)	
City	State	ZIP Code	

**2. Appointee Information**

Name Premier Financial Management Services		Identification Number 36-4899738	
Address (Number and street or PO Box) 10425 W North Ave, Ste 345		Phone Number (with area code) 855.275.3948	
City Milwaukee	State WI	ZIP Code 53226	Fax Number (with area code) 855.325.4668

**3. State Authorization**

Taxpayer hereby grants appointee a limited power of attorney with the authority to sign and file withholding tax returns and make deposits to the Arizona Department of Revenue (department). Appointee is also hereby authorized to discuss taxpayer's otherwise confidential withholding tax information with authorized department employees.

This authorization includes all department withholding tax returns and shall begin with the tax period 0 1 0 1 2 0 2 4 and shall remain in effect through all subsequent periods until four years after the date received, revoked by taxpayer, or terminated by appointee, whichever occurs first.

**4. Retention/Revocation of Authorization**

This authorization automatically revokes all earlier authorizations on file with the department for the same periods covered by this document. If you do not want to revoke a prior authorization, check this box



You must include a copy of any withholding tax information authorization you want to remain in effect.

**5. Authorization Agreement**

Taxpayer understands that this authorization does not relieve taxpayer of the responsibility to ensure that all withholding tax returns are filed and that all deposits and payments are made.

**6. Signature of or for Taxpayer**

I hereby certify that the director of the Arizona Department of Revenue is authorized to release any and all Arizona withholding tax information in department files concerning the undersigned taxpayer and relieve said director, or department representative, of any liability whatsoever for releasing such withholding tax information to the appointee specified by this authorization. By signing this form, I certify that I have the authority, within the meaning of A.R.S. §42-2003(A), to execute this authorization on behalf of the above-mentioned corporation(s), limited liability company(ies), trust(s), estate(s), partnership(s), and/or individual(s). I understand that to knowingly prepare or present a document which is fraudulent or false is a Class 5 felony pursuant to A.R.S. §42-1127(B)(2).

By checking this box and signing below I certify under penalty of perjury that I am an officer of the above mentioned corporation(s) and that I am a principal officer; as defined in A.R.S. §42-2003(A)(2).

If this withholding tax information authorization is not signed and dated, it will be returned.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



THE INDEPENDENCE CENTER – ARIZONA  
VETERAN DIRECTED CARE  
CYMA AGREEMENT

**INSTRUCTIONS:** Please review the information below then sign and date the form. Please submit completed form to ResilientSD:

**Mail**

10425 W. North Ave  
Suite 345  
Milwaukee, WI 53226

**Email**

[Enrollment@Resilient-SD.com](mailto:Enrollment@Resilient-SD.com)

ResilientSD currently partners with the reporting agent CYMA to complete employer-related activities on your behalf. CYMA, the reporting agent, has over 23 years of experience providing payroll services (running payroll, filing quarterly and yearly payroll taxes, issuing IRS Forms W-2 and IRS Forms 1099-NEC). The tasks that are being delegated are as follows:

- Payroll Processing by Program: W2 employees and 1099 vendors
- Federal and State Tax Liability Payments
- Federal Quarterly and Annual Filings: 941R, 940
- State Quarterly and Annual Filings
- New Hire Reporting
- Creation of Direct Deposit File: Upload of file to national payment corporation for payment to employees (directly funded by ResilientSD)
- Physical Check Printing and Mailing for Vendors Not Using Direct Deposit
- Amended State and Federal Returns - if Needed
- Employee Access to Web Portal for Access to Direct Deposit Advice and W2 Printing

## AUTHORIZATION

By signing the following you are acknowledging CYMA the information listed and are in agreement.

Print Name: Veteran/Authorized Representative: \_\_\_\_\_

Veteran/Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



THE INDEPENDENCE CENTER – ARIZONA  
VETERAN DIRECTED CARE  
BACKGROUND CHECK DISCLOSURE

As part of the Veteran Directed Program, ResilientSD is required to conduct applicable background checks before the Authorized Representative is eligible to begin serving as the Authorized Representative/Employer for a Veteran. Successfully passing the background checks is a condition of representing the Veteran.

**INSTRUCTIONS:** Please fill out all the information in Section 1 and Section 2. The Authorized Representative must sign and date to be considered complete. Please submit completed form to ResilientSD:

**Mail**  
10425 W. North Ave  
Suite 345  
Milwaukee, WI 53226

**Email**  
[Enrollment@Resilient-SD.com](mailto:Enrollment@Resilient-SD.com)

## SECTION 1: VETERAN INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

## SECTION 2: AUTHORIZED REPRESENTATIVE INFORMATION

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Work #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

For any questions or concerns, please contact our office at: **855.275.3948**.

## AUTHORIZATION

By signing below, I certify that the information provided above is accurate. I authorize ResilientSD to conduct a background check now and to conduct future background checks – without notice – based on contractual requirements for as long as I serve as an Authorized Representative. Furthermore, I understand that the results of the background checks will be shared with the Veteran Directed Care Program Operations Manager and the Veteran.

Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## FRAUD AND ABUSE STATEMENT

**Fraud** is defined as an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or herself or some other person. The key behind fraud is intent. A person or entity will misrepresent information to obtain something of value that they would otherwise not qualify for. Fraud can be done by a single person, institution or a group. Anyone can commit fraud.

### Examples of Fraud include, but are not limited to:

- Knowingly and/or purposefully filling out a timesheet incorrectly for hours or services that were not provided during the times listed or on the day listed;
- Knowingly and/or purposefully approving the Vendor Fiscal/Employer Agent (F/EA) Financial Management Service (FMS) to bill the VA for services that were not provided;
- Knowingly and/or purposefully using the PDS budget for any other purpose than what has been approved in the participant's individual service plan.
- Knowingly and/or purposefully allowing an employee to submit for services or hours that were not provided.
- Knowingly and/or purposefully submitting invoices to the Vendor F/EA FMS for goods and services that were not provided.
- Knowingly and/or purposefully having the Vendor F/EA FMS pay for services to an individual when services were provided by someone else.
- Knowingly or purposefully withholding information from authorities during an investigation.

**Abuse** is defined as practices that are inconsistent with sound fiscal, business, or medical practices, and result in an unnecessary cost to the Veterans program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care.

### Examples of Abuse include:

- Making errors when filling out the employee timesheets and not reporting those errors in a timely manner to the FMS.
- Employee billing for services when the veteran is in the hospital.



## THE INDEPENDENCE CENTER – ARIZONA VETERAN DIRECTED CARE FRAUD AND ABUSE STATEMENT

There are several ways that Veterans and Employers can report Fraud and Abuse. Please review the different ways outlined below:

### ResilientSD

If you suspect fraud, waste or abuse within the Independence Center Colorado Veteran Directed program please contact ResilientSD. The customer service representative and Account Coordinator can work with you to ensure instances are corrected and prevented in the future.

**Toll-Free Phone:** 855.275.3948

**Email:** [ICVIC@Resilient-SD.com](mailto:ICVIC@Resilient-SD.com)

### VHA Integrity and Compliance Helpline

If you suspect fraud or abuse impacting Veterans or VA programs or if you think there might be an issue with a service that you received, claim, bill or incidents that you feel fall within Fraud or Abuse please contact the VHA Integrity and Compliance Helpline.

**Toll-Free Phone:** 866-842-4357 (VHA-HELP); 24 hours/7 days a week

**Email:** [VHAOICHelpline@va.gov](mailto:VHAOICHelpline@va.gov)

### Mailing Address:

ATTN: Integrity and Compliance Helpline (10OIC)  
810 Vermont Avenue, NW  
Washington DC 20420

**Fraud and Abuse** is a crime against all taxpayers and is both a state and federal offense. All allegations must be reported directly to ResilientSD for investigation. ResilientSD will report all allegations to the state program office. Fraud and Abuse may lead to termination of services.

I have read the Fraud and Abuse Statement; I understand it and agree to comply.

Print Name: Veteran/Authorized Representative: \_\_\_\_\_

Veteran/Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Protecting your private information is our priority. This Statement of Privacy applies to <https://resilient-sd.com/>, and ResilientSD and governs data collection and usage. For the purposes of this Privacy Policy, unless otherwise noted, all references to ResilientSD include <https://resilient-sd.com/> and ResilientSD. The ResilientSD website is an information site. By using the ResilientSD website, you consent to the data practices described in this statement.

### **Collection of your Personal Information**

We do not collect any personal information about you unless you voluntarily provide it to us. However, you may be required to provide certain personal information to us when you elect to use certain products or services. These may include: (a) registering for an account; (b) entering a sweepstakes or contest sponsored by us or one of our partners; (c) signing up for special offers from selected third parties; (d) sending us an email message; (e) submitting your credit card or other payment information when ordering and purchasing products and services. To wit, we will use your information for, but not limited to, communicating with you in relation to services and/or products you have requested from us. We also may gather additional personal or non-personal information in the future.

### **Sharing Information with Third Parties**

ResilientSD does not sell, rent or lease its customer lists to third parties.

ResilientSD may share data with trusted partners to help perform statistical analysis, send you email or postal mail, provide customer support, or arrange for deliveries. All such third parties are prohibited from using your personal information except to provide these services to ResilientSD, and they are required to maintain the confidentiality of your information.

ResilientSD may disclose your personal information, without notice, if required to do so by law or in the good faith belief that such action is necessary to: (a) conform to the edicts of the law or comply with legal process served on ResilientSD or the site; (b) protect and defend the rights or property of ResilientSD; and/or (c) act under exigent circumstances to protect the personal safety of users of ResilientSD, or the public.

### **Tracking User Behavior**

ResilientSD may keep track of the websites and pages our users visit within ResilientSD, in order to determine what ResilientSD services are the most popular. This data is used to deliver customized content and advertising within ResilientSD to customers whose behavior indicates that they are interested in a particular subject area.

### **Automatically Collected Information**

Information about your computer hardware and software may be automatically collected by ResilientSD. This information can include: your IP address, browser type, domain names, access times and referring website addresses. This information is used for the operation of the service, to maintain quality of the service, and to provide general statistics regarding use of the ResilientSD website.

### **Links**

This website contains links to other sites. Please be aware that we are not responsible for the content or privacy practices of such other sites. We encourage our users to be aware when they leave our site and to read the privacy statements of any other site that collects personally identifiable information.

### **Security of your Personal Information**

ResilientSD secures your personal information from unauthorized access, use, or disclosure. ResilientSD uses the following methods for this purpose:

- SSL Protocol

When personal information (such as a credit card number) is transmitted to other websites, it is protected through the use of encryption, such as the Secure Sockets Layer (SSL) protocol.

We strive to take appropriate security measures to protect against unauthorized access to or alteration of your personal information. Unfortunately, no data transmission over the Internet or any wireless network can be guaranteed to be 100% secure. As a result, while we strive to protect your personal information, you acknowledge that: (a) there are security and privacy limitations inherent to the Internet which are beyond our control; and (b) security, integrity, and privacy of any and all information and data exchanged between you and us through this Site cannot be guaranteed.

### **Right to Deletion**

Subject to certain exceptions set out below, on receipt of a verifiable request from you, we will:

- Delete your personal information from our records; and
- Direct any service providers to delete your personal information from their records.

Please note that we may not be able to comply with requests to delete your personal information if it is necessary to:

- Complete the transaction for which the personal information was collected, fulfill the terms of a written warranty or product recall conducted in accordance with federal law, provide a good or service requested by you, or reasonably anticipated within the context of our ongoing business relationship with you, or otherwise perform a contract between you and us;
- Detect security incidents, protect against malicious, deceptive, fraudulent, or illegal activity; or prosecute those responsible for that activity;
- Debug to identify and repair errors that impair existing intended functionality;
- Exercise free speech, ensure the right of another consumer to exercise his or her right of free speech, or exercise another right provided for by law;
- Engage in public or peer-reviewed scientific, historical, or statistical research in the public interest that adheres to all other applicable ethics and privacy laws, when our deletion of the information is likely to render impossible or seriously impair the achievement of such research, provided we have obtained your informed consent;
- Enable solely internal uses that are reasonably aligned with your expectations based on your relationship with us;
- Comply with an existing legal obligation; or
- Otherwise use your personal information, internally, in a lawful manner that is compatible with the context in which you provided the information.

### **Children Under Thirteen**

ResilientSD does not knowingly collect personally identifiable information from children under the age of thirteen. If you are under the age of thirteen, you must ask your parent or guardian for permission to use this website.



THE INDEPENDENCE CENTER – ARIZONA  
VETERAN DIRECTED CARE  
PRIVACY POLICY AGREEMENT

**External Data Storage Sites**

We may store your data on servers provided by third party hosting vendors with whom we have contracted.

**Changes to this Statement**

ResilientSD reserves the right to change this Privacy Policy from time to time. We will notify you about significant changes in the way we treat personal information by sending a notice to the primary email address specified in your account, by placing a prominent notice on our website, and/or by updating any privacy information. Your continued use of the website and/or Services available after such modifications will constitute your: (a) acknowledgment of the modified Privacy Policy; and (b) agreement to abide and be bound by that Policy.

**Contact Information**

ResilientSD welcomes your questions or comments regarding this Statement of Privacy. If you believe that ResilientSD has not adhered to this Statement, please contact ResilientSD at:

**ResilientSD**

10425 W. North Ave, Ste. 345  
Milwaukee, Wisconsin 53226

**Email:** info@Resilient-SD.com

**Telephone:** 844.534.7225

I have read the Privacy Policy for ResilientSD.

Print Name: Veteran/Authorized Representative: \_\_\_\_\_

Veteran/Authorized Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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## THE FAIR WAGES AND HEALTHY FAMILIES ACT

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### Earned Paid Sick Time

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- EXEMPTIONS:** The Fair Wages and Healthy Families Act (the “Act”) does not apply to any person who is employed by a parent or a sibling; any person who is employed performing babysitting services in the employer’s home on a casual basis; or any person employed by the State of Arizona or the United States government.
- ENTITLEMENT AND AMOUNT:** Beginning July 1, 2017, employees are entitled to earned paid sick time and accrue a minimum of one hour of earned paid sick time for every 30 hours worked, subject to the following limitations:
- Employees whose employers have less than 15 employees may only accrue or use 24 hours of earned paid sick time per year.
  - Employees whose employers have 15 or more employees may only accrue or use 40 hours of earned paid sick time per year.
- Employers are permitted to select higher accrual and use limits.
- TERMS OF USE:** Earned paid sick time may be used for the following purposes: (1) medical care or mental or physical illness, injury, or health condition; or (2) a public health emergency; and (3) absence due to domestic violence, sexual violence, abuse, or stalking. Employees may use earned paid sick time for themselves or for family members. *See Arizona Revised Statutes § 23-373* for more information.
- RETALIATION & DISCRIMINATION PROHIBITED:** Employers are prohibited from discriminating against or subjecting any person to retaliation for: (1) asserting any claim or right under the Act, including requesting or using earned paid sick time; (2) assisting any person in doing so; or (3) informing any person of their rights under the Act.
- ENFORCEMENT:** Each employee has the right to file a complaint with the Industrial Commission’s Labor Department alleging that an employer has violated the Act. Certain time limits apply. A civil action may also be filed as provided in the Act. Violations of the Act may result in penalties.
- INFORMATION:** For additional information regarding the Act, you may refer to the Industrial Commission’s website at [www.azica.gov](http://www.azica.gov) or contact the Industrial Commission’s Labor Department: 800 W. Washington, Phoenix, Arizona 85007-2022; (602) 542-4515.

**THIS POSTER MUST BE CONSPICUOUSLY POSTED IN A PLACE  
THAT IS ACCESSIBLE TO EMPLOYEES**