Veteran Forms

1. **Form SS-4 (Application for Employer Identification Number) – Please complete highlighted Box 1, Box 7b, Box 18 & Sign/Date.**
    - **This form allows 406 Financial Services to apply for an Employer Identification Number on your behalf.**

2. **Form 2678 (Employer/Payer Appointment of Agent)-Please complete highlighted Part 2 (#2 & #4) & Sign/Date.**
    - **This form allows 406 Financial Services to act as an agent on your behalf and file returns/make deposits & payments to the IRS.**

3. **Form 8821 (Tax Information Authorization)-Please complete highlighted areas in Part 1 & Sign/Date.**
    - **This form allows 406 Financial Services to request information or copies of tax returns filed with the IRS on your behalf.**

4. **Alabama Combined Employer's Registration-Please complete highlighted sections**
    - **In order to operate as a business in the state of Alabama, all entities are required to enroll with the Department of Revenue using the Combined Employer's Registration Form. This form allows a business to register for various state tax accounts simultaneously. By submitting this single form, businesses can register with the Alabama Department of Revenue (ADOR) for multiple tax obligations at once, streamlining the process of becoming compliant with state tax laws.**

5. **Alabama Tax Information Authorization & Power of Attorney Forms-Please complete highlighted**
    - **These Dept of Revenue forms allow 406 Financial Services to view, pay and report all necessary state taxes to the Department of Revenue.**

6. **Alabama Dept of Labor Application to Determine Liability-Please complete highlighted sections**
    - **This form allows 406 Financial Services to open an unemployment account on your behalf.**

7. **Alabama Dept of Labor Power of Attorney Form-Please complete highlighted sections**
    - **This form allows 406 Financial Services to view, pay, and report all necessary taxes/ benefits reports on your behalf.**

Form **SS-4**
(Rev. January 2010)
Department of the Treasury
Internal Revenue Service

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.**

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)
PO Box 7008

5a Street address (if different) (Do not enter a P.O. box.)

4b City, state, and ZIP code (if foreign, see instructions)
Missoula, MT 59807-7008

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)? ☐ Yes ☑ 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? ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

- ☐ Sole proprietor (SSN) ___
- ☐ Partnership
- ☐ Corporation (enter form number to be filed) ▶ ___
- ☐ Personal service corporation
- ☐ Church or church-controlled organization
- ☐ Other nonprofit organization (specify) ▶ ___
- ☑ Other (specify) ▶ Home Care Service Recipient (HCSR)
- ☐ Estate (SSN of decedent) ___
- ☐ Plan administrator (TIN) ___
- ☐ Trust (TIN of grantor) ___
- ☐ National Guard ☐ State/local government
- ☐ Farmers' cooperative ☐ Federal government/military
- ☐ REMIC ☐ 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)

- ☐ Started new business (specify type) ▶ ___
- ☑ Hired employees (Check the box and see line 13.)
- ☐ Compliance with IRS withholding regulations
- ☐ Other (specify) ▶
- ☐ Banking purpose (specify purpose) ▶ ___
- ☐ Changed type of organization (specify new type) ▶ ___
- ☐ Purchased going business
- ☐ Created a trust (specify type) ▶ ___
- ☐ 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.

Agricultural	Household	Other
	1	

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 $4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

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.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Accommodation & food service ☐ Wholesale-agent/broker ☐ Wholesale-other ☐ Retail ☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ 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? ☐ Yes ☐ 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: Kim Fraser, 406 Financial Services
Designee's telephone number (include area code): (406) 239-2591

Address and ZIP code: PO Box 7008, Missoula, MT 59807-7008
Designee's fax number (include area code): (406) 239-2591

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.

Name and title (type or print clearly) ▶

Applicant's telephone number (include area code): ( )

Applicant's fax number (include area code): ( )

Signature ▶ Date ▶

Form **2678** (Rev. October 2012)

Employer/Payer Appointment of Agent

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

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	For SOME employees/ payees
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 taxes 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 taxes 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**

Date / /

Print your name here

Print your title here HCSR

Best daytime phone

Now give this form to the agent to complete. ■▶

Form **8821**

(Rev. January 2018)

Department of the Treasury
Internal Revenue Service

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.**

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 7.

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number / Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶ ☐

Name and address	
406 Financial Services PO Box 7008 Missoula MT 59807-7008	CAF No. PTIN P02153857 Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

3 Tax Information. Appointee 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
FEIN	SS-4	2023 - 2027	FEIN Verification/Idenetification
Employment, Payroll	941, 940	2023 - 2027	

4 Specific use not recorded on 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 lines 5 and 6 . . . . . ▶ ☐

5 Disclosure of tax information (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):

a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box . . . . . ▶ ☑

Note. Appointees will no longer receive forms, publications, and other related materials with the notices.

b If you don't want any copies of notices or communications sent to your appointee, check this box . . . . . ▶ ☐

6 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 6 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 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ **IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature | Date

Owner, HCSR Sole Proprietor

Print Name | Title (if applicable)

ALABAMA DEPARTMENT OF REVENUE

Combined Registration/Application

COM: 101
1/05

ACCOUNT NUMBER

PLEASE SEE THE INSTRUCTIONS BEFORE COMPLETING FORM

Applicant Information:

LEGAL NAME OF APPLICANT, EMPLOYER, CORPORATION, PARTNERSHIP, TRUST, ETC.

TRADE NAME, DBA NAME(S) OR DIVISION (IF DIFFERENT FROM ABOVE)

BUSINESS ADDRESS | CITY | STATE | ZIP | COUNTY

MAILING ADDRESS (IF DIFFERENT FROM ABOVE): c/o 406 Financial Services PO Box 7008 | CITY: Missoula | STATE: MT | ZIP: 59807-7008

BUSINESS PHONE NUMBER: (406) 239-2591 | FAX NUMBER: (406) 541-7725 | kfraser@406LLC.org

CONTACT NAME: Kim Fraser | CONTACT PHONE NUMBER: (406) 239-2591 | EMAIL ADDRESS

ADDRESS WHERE BUSINESS RECORDS ARE KEPT IF DIFFERENT FROM BUSINESS ADDRESS: PO Box 7008 | CITY: Missoula | STATE: MT | ZIP: 59807-7008

Section A:

TYPE OF OWNERSHIP: (PROOF MAY BE REQUIRED)

☐ Proprietorship ☐ Limited Liability Partnership ☐ Professional Association ☐ Multi Member LLC ☐ Governmental Agency ☐ Partnership
☐ Corporation ☐ Single Member LLC – Have you filed your Form 8832 with the IRS? ☐ Yes ☐ No ☑ Other

CORPORATE REGISTRATION OR OTHER BUSINESS TYPE CHARTER NUMBER: | PRIMARY STATE OF REGISTRATION:

NATURE OF BUSINESS:

☐ Manufacturing ☐ Service ☐ Wholesale ☐ Contractor ☐ Retail ☐ Both Wholesale/Retail ☑ Other

BUSINESS ACTIVITY:

Identify Current Owners, Partners, Corporate Officers, Members, Employers, or Trustees Including Social Security Numbers or Federal ID Numbers:

PRIMARY NAME/LAST NAME | FIRST NAME

TITLE: Domestic Household Employer | SOCIAL SECURITY NUMBER | FEIN

HOME ADDRESS | CITY | STATE | ZIP

HOME PHONE NUMBER

Name, Address, Phone Number, and Account Number of Previous Owner(s): *(Not For Withholding Tax)*

PRIMARY NAME/LAST NAME | FIRST NAME | HOME PHONE NUMBER | ACCOUNT NUMBER

HOME ADDRESS | CITY | STATE | ZIP

TAXES TO REGISTER FOR ON THIS APPLICATION:

☐ State Sales Tax ☐ State Consumers Use Tax ☐ State Sellers Use Tax
☐ State Administered Local Sales, Use, Rental, or Leasing and Lodgings Taxes ☐ State Rental or Leasing Tax
☐ Mobile Communication Services Tax ☐ Utility Excise Tax ☐ Pharmaceutical Providers Tax
☐ AL Nursing Home Privilege Tax ☑ Income Withholding Tax

EFFECTIVE DATE | **NAICS CODE:** | **FEDERAL EMPLOYER ID NUMBER (FEIN):**

Section B: Income Tax Withholding (See Instructions)

1 Date employer began, should have begun, or will begin withholding Alabama Income Tax (month / day / year): _____

2 Since the date on line 1, are you continuing to withhold Alabama Income Tax? ☐ Yes ☐ No

3 Total estimated annual number of employees in Alabama: _____

4 Employer's Return of Alabama Income Tax Withheld:

Period covered from (month / day / year): _____ to _____

Alabama Income Tax Withheld: $_____ (attach remittance)

NOTE: Individual owners and partnerships which do not have employees should not apply for an Alabama withholding tax account number.

All Applicants Must Complete and Sign This Section:

The Statements contained in this application and any accompanying schedules are correct to the best knowledge and belief of the undersigned who is duly authorized to sign this application.

A. APPLICANT NAME/LAST NAME* | FIRST NAME | TITLE | DATE

B. APPLICANT NAME/LAST NAME* | FIRST NAME | TITLE | DATE

C. APPLICANT NAME/LAST NAME* | FIRST NAME | TITLE | DATE

*Name of authorized preparer.

Mail completed application and any initial tax due to: **Alabama Department of Revenue, Central Registration Unit, P.O. Box 327100, Montgomery, AL 36132-7100**

Reset Form

FORM
8821A
(REV. 10/05)

ALABAMA DEPARTMENT OF REVENUE
Tax Information Authorization

NOTE: If you have questions concerning the completion of this form, please refer to the instructions for Federal Form 8821 (revised January 2000). Alabama Form 8821A is very similar to the federal form.

1 TAXPAYER INFORMATION

TAXPAYER NAME(S) AND ADDRESS (Please Type or Print)	SOCIAL SECURITY NUMBER(S)	EMPLOYER IDENTIFICATION NUMBER DAYTIME TELEPHONE NUMBER ( )

2 APPOINTEE (Please Type or Print)

NAME AND ADDRESS	
406 Financial Services PO Box 7008 Missoula MT 59807-7008	TELEPHONE NUMBER (406) 239-2591 FAX NUMBER (406) 541-7725

is authorized to inspect and/or receive confidential tax information in any office of the Alabama Department of Revenue for the following tax matters:

3 TAX MATTERS

TYPE OF TAX (Individual, Corporate, Sales, etc.)	TAX FORM NUMBER (40, 20C, 41, 65, etc.)	YEAR(S) or PERIOD(S)
Income Tax Witholding & Employment Taxes	940, 941, 941 (c), 843, W2, W2 (c), W3, W3 (c)	Quarter 1, 2025 - Quarter 4, 2030

4 DISCLOSURE OF TAX INFORMATION (check only one of the following if applicable):

a If you want tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ☐

b Check this box if you do not want any notices or communications sent to the appointee ☐

5 RETENTION / REVOCATION OF TAX INFORMATION AUTHORIZATION.

This tax information authorization automatically revokes all earlier tax information authorizations on file with the Alabama Department of Revenue for the **same** tax matters and years or periods covered by this document. If you do not want to revoke a prior tax information authorization, check this box. ☐

6 SIGNATURE OF TAXPAYER(S).

If a tax matter concerns a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods covered.

▶ **If this tax information authorization is not signed, it will be returned.**

SIGNATURE	DATE	TITLE (IF APPLICABLE)
PRINT NAME		
SIGNATURE	DATE	TITLE (IF APPLICABLE)
PRINT NAME		

FORM
2848A
(REV. 9/18)

Clear Form

ALABAMA DEPARTMENT OF REVENUE

Power of Attorney and Declaration of Representative

NOTE: If you have questions concerning the completion of this form, please refer to the instructions for Federal Form 2848 (revised March 2012). Alabama Form 2848A is very similar to the federal form.

CAUTION: A separate Form 2848A should be completed for each taxpayer.

PART I – POWER OF ATTORNEY

1 TAXPAYER INFORMATION

TAXPAYER NAME AND ADDRESS (Please Type or Print)	SOCIAL SECURITY NUMBER
	EMPLOYER IDENTIFICATION NUMBER
	DAYTIME TELEPHONE NUMBER ( )

Hereby appoint(s) the following representative(s) as attorney(s)-in-fact:

2 REPRESENTATIVE(S) (Please Type or Print) Must sign and date this form on page 2, part II. By designating a representative in Part I, Section 2, the taxpayer authorizes the Department to discuss or share information specifically listed in Part I, Section 3 with the authorized representative. All official correspondence from the Department will be sent to the taxpayer. It will be the taxpayer's responsibility to distribute document(s) to their representative.

NAME AND ADDRESS	TELEPHONE NUMBER ( ) c/o 406 Fi FAX NUMBER (406) Missoula
NAME AND ADDRESS (406) 239-2591	TELEPHONE NUMBER ( ) MT FAX NUMBER ( ) 59807-7008
NAME AND ADDRESS	TELEPHONE NUMBER ( ) (406) 541- FAX NUMBER ( ) kfraser@40

To represent the taxpayer before the Alabama Department of Revenue for the following tax matters:

3 TAX MATTERS

TYPE OF TAX (Individual, Corporate, Sales, etc.)	TAX FORM NUMBER (40, 20C, 41, 65, etc.)	YEAR(S) or PERIOD(S)
Alabama State Income Tax		Q1 2025-Q4 2030

4 ACTS AUTHORIZED

Unless otherwise provided below, the representatives generally are authorized to receive and inspect confidential tax information and to perform any and all acts that I can perform with respect to the tax matters described on line 3, for example, the authority to sign any agreements, consents, or other documents. The representative(s), however, is (are) not authorized to receive or negotiate any amounts paid to the client in connection with this representation (including refunds by either electronic means or paper checks). Additionally, unless the appropriate box(es) below are checked, the representative(s) is (are) not authorized to execute a request for disclosure of tax returns or return information to a third party, substitute another representative or add additional representatives, or sign certain tax returns.

☐ Disclosure to third parties; ☐ Substitute or add representative(s); ☐ Sign a return; _____

EXCEPTIONS

List any specific deletions to the acts otherwise authorized in this power of attorney: _____

Filing and depositing Alabama State Income Taxes for the taxpayers domestic employees and filing the IRS Form W2 and Alabama Forms 96,99 for the taxpayer

5 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 Alabama Department of Revenue for the ***same*** tax matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here. . . . . ▶ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

6 SIGNATURE OF TAXPAYER

If a tax matter concerns a year in which a joint return was filed, the husband and wife must each file a separate power of attorney even if the same representative(s) is (are) being appointed. If signed by a corporate officer, partner, guardian, tax matters partner, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer.

▶ **If this power of attorney is not signed and dated, it will be returned to the taxpayer.**

SIGNATURE	DATE	TITLE (If Applicable)

PRINT NAME

PART II – DECLARATION OF REPRESENTATIVE

Under penalties of perjury, I declare that:

- I am not currently under suspension or disbarment from practice before the Internal Revenue Service;
- I am aware of regulations contained in Treasury Department Circular No. 230 (31 CFR, Part 10), as amended, concerning the practice of attorneys, certified public accountants, enrolled agents, enrolled actuaries, and others;
- I am authorized to represent the taxpayer identified in Part I for the tax matter(s) specified there; and
- I am one of the following:
  - **a.** Attorney – a member in good standing of the bar of the highest court of the jurisdiction shown below.
  - **b.** Certified Public Accountant – duly qualified to practice as a certified public accountant in the jurisdiction shown below.
  - **c.** Enrolled Agent – enrolled as an agent under the requirements of Treasury Department Circular No. 230.
  - **d.** Officer – a bona fide officer of the taxpayer's organization.
  - **e.** Full-Time Employee – a full-time employee of the taxpayer.
  - **f.** Family Member – a member of the taxpayer's immediate family (i.e., spouse, parent, child, brother, or sister).
  - **g.** Enrolled Actuary – enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Service is limited by section 10.3(d)(1) of Treasury Department Circular No. 230).
  - **h.** Unenrolled Return Preparer – an unenrolled return preparer under section 10.7(c)(1)(viii) of Treasury Department Circular No. 230.
  - **i.** Registered Tax Return Preparer – registered as a tax return preparer under the requirements of section 10.4 of Circular 230. Your authority to practice before the Internal Revenue Service is limited. You must have been eligible to sign the return under examination and have signed the return. **See Notice 2011-6 and Special rules for registered tax return preparers and unenrolled and return preparers in the instructions.**
  - **j.** Student Attorney or CPA – receives permission to practice before the IRS by virtue of his/her status as a law, business, or accounting student working in LITC or STCP under section 10.7(d) of Circular 230. See instructions for Part II for additional information and requirements.
  - **k.** Enrolled Retirement Plan Agent – enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **If this declaration of representative is not signed and dated, the power of attorney will be returned.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "jurisdiction" column.

DESIGNATION – INSERT ABOVE LETTER **(a-k)**	JURISDICTION (State) or ENROLLMENT CARD NO.	SIGNATURE	DATE
h	AL		

STATE OF ALABAMA
DEPARTMENT OF LABOR
UNEMPLOYMENT COMPENSATION DIVISION
649 MONROE STREET
MONTGOMERY, ALABAMA 36131
STATUS UNIT: (334) 954-4730 FAX: (334) 954-4731
EMAIL: status@labor.alabama.gov
www.labor.alabama.gov

APPLICATION TO DETERMINE LIABILITY

IMPORTANT NOTICE

Under Alabama law you are required to furnish the information requested on this application. Each false statement or refusal to furnish information on this report, or willful refusal to make contributions or other payments is punishable by fine or imprisonment, or both, and each day of such refusal shall constitute a separate offense.

EMPLOYER NAME AND MAILING ADDRESS

FEDERAL EMPLOYER I.D. NUMBER (FEIN)

This number is assigned by the Internal Revenue Service

1. Mark (x) one type of employment. A separate form must be filed for each type of employment.

NON-FARM ☐ **AGRICULTURE** ☐ **DOMESTIC** ☒ **GOVERNMENT:** **STATE** ☐ **LOCAL** ☐

2. Do you have a previous Alabama Unemployment Compensation Account? **YES** ☐ **NO** ☐ 2a. If yes, account number: _____

3. Do you have employees located in another state? **YES** ☐ **NO** ☐ 3a. If yes, in what state(s)? _____

4. Is your firm subject to the Federal Unemployment Tax Act (FUTA)? **YES** ☐ **NO** ☐ 4a. If yes, year liability first incurred: _____

4b. Have you remained liable since that date? **YES** ☐ **NO** ☐

5. Did you start a new business? **YES** ☒ **NO** ☐ 5a. If no, did you acquire an ongoing business? **YES** ☐ **NO** ☐

5b. Date Alabama employment began: _____ 5c. Date payroll began: _____

6. If you acquired **ALL** ☐ or **PART** ☐ of an ongoing business, enter the NAME,TRADE TITLE and ADDRESS of your predecessor employer:

_____

6a. Predecessor's telephone number (if known): _____ 6b. Predecessor FEIN (if known): _____

6c. If your predecessor was liable in Alabama, enter their Alabama Unemployment Account Number (if known): _____

6d. Date acquired from predecessor: _____ 6e. Did your predecessor discontinue business? **YES** ☐ **NO** ☐

6f. If yes, date discontinued: _____

7. List below TOTAL ALABAMA WAGES paid to all employees during each calendar quarter of each year from the date in Item 5b. Include remuneration paid to officers of corporations and wages of part-time employees for current year and previous year, if applicable.

	JAN-FEB-MAR	APR-MAY-JUN	JUL-AUG-SEP	OCT-NOV-DEC
CURRENT YEAR:				
PREVIOUS YEAR:				

8. List below, by type of employment, the number of individuals in your employ within each week. A month with five Saturdays is considered to have five weeks of employment. Include all part-time employees and officers remunerated by corporations.

	WEEK	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
Current Year _____	1st												
	2nd												
	3rd												
	4th												
	5th												
Previous Year _____	1st												
	2nd												
	3rd												
	4th												
	5th												

9. ITEM 9 MUST BE COMPLETED IN ITS ENTIRETY. Use the enclosed instruction sheet for Item 9 to complete Columns 1-5; refer questions to LMI at 334-954-7447. Please Be Specific. List each location and type of operation or activity separately. (Attach additional sheets if necessary.)

Column 1 Name / Location		Column 2	Column 3	Column 4	Column 5
Name and location -- Each unit in Alabama Enter "Statewide" if no permanent location		Alabama County	Employee count per unit	Indicate specific type of activity in detail See Instructions Sheet for Assistance	Enter Percent
					%
					%
					%
					%

9a. Is the above work site primarily engaged in performing support or services for other work sites of the company? **YES** ☐ **NO** ☐

9b. To whom are most of your products sold? **GENERAL PUBLIC** ☐ **CONSTRUCTION CONTRACTORS** ☐ **RETAILERS** ☐
WHOLESALERS ☐ **OTHERS** ☐ (**Specify**) _____

10. Form of organization: **INDIVIDUAL** ☐ **PARTNERSHIP** ☐ **CORPORATION** ☐ **ASSOCIATION** ☐ **ESTATE OR TRUST** ☐ **LLC** (see 10a.) ☐
NON-PROFIT ORGANIZATION (see 10b.) ☐ **OTHER** ☒ (**Specify**) Domestic Household Employer

10a. Indicate tax filing status with IRS (include all members and their social security numbers or Federal Identification numbers in Item 11)
CORPORATION ☐ **PARTNERSHIP** ☐ **SOLE PROPRIETOR** ☐ **DISREGARDED ENTITY** ☐

10b. Is the organization exempt under 501(c)(3) of the IRS Code? **YES** ☐ **NO** ☐ (If yes, submit a copy of the 501(c)(3) letter of exemption.)

11. For positive identification, list below the full name(s), social security number(s) and title(s) of individual owner, partners or officers.

Name	Social Security Number	Title
		Domestic household employer

12. If not otherwise subject, do you wish to voluntarily elect coverage under the Alabama Law? **YES** ☐ **NO** ☐

13. Name and business location/physical address:

_____
Name of Applicant, Employer, Corporation, Partnership, Trust, etc.

_____
Trade Name or Division (if different from above)

_____
Physical Address

_____
City County State Zip

_____
Area Code – Telephone Area Code – Facsimile

_____
Contact Person

_____
Email Address

13a. Tax Preparer/CPA/Accountant:

406 Financial Services
Name of Tax Preparer/CPA/Accountant

Trade Name or Division (if different from above)

PO Box 7008
Address

Missoula MT 59807-7008
City County State Zip

406-239-2591 406-541-7725
Area Code – Telephone Area Code – Facsimile

Kim Fraser
Contact Person

kfraser@406LLC.org
Email Address

I certify the information provided on this application is true and correct to the best of my knowledge.

14. Business Name: _____ Signature: _____ Date: _____

NOTE: IF CPA, TAX PREPARER, ETC., IS ONLY SIGNATURE, PLEASE ENCLOSE POWER OF ATTORNEY.

POA
rev. 02/2025

ALABAMA DEPARTMENT OF WORKFORCE
UNEMPLOYMENT COMPENSATION
DIVISION EXPERIENCE RATING SECTION,
ROOM 4215 MONTGOMERY, AL 36131
PHONE: (334) 954-4741/FAX: (334) 956-7496

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

THAT _____ ACCOUNT NO._____,

a Domestic Household Employer FEDERAL ID NO._____,
(Corporation, partnership, individual, etc.)

having its principal office at _____, does hereby

constitute and appoint: 406 Financial Services
(Name of Representative Company) (Rep ID No.)
PO Box 7008
(Mailing Address of Representative Company)
Missoula MT 59807-7008
(City, State, and Zip of Representative Company

Representative's Contact Name: Kim Fraser Telephone: 406-239-2591 its

true and lawful attorney in fact with full power and authority to represent the said_____,

before the Alabama Unemployment Compensation Agency until further notice in the following matter(s), to

wit: **(Check appropriate box)**

☐ **TAX ----** (Limited) The filing of reports, payment of contributions, Cost Statements (quarterly), Tax Rate Notices (annually), and any legal documents, i.e. assessments, garnishments, etc., obtaining other account information as is permissible, (employer reporting data, tax rate information and liability dates).

☐ **BENEFITS ----** (Limited) Requests for separation, 1st notice of payment of benefits for charge purposes, employer's protest of benefit claims and information relative thereto.

☑ **TAX AND BENEFITS ----** (Unlimited) As described above in the first and second blocks.

☐ **TAX REPORTS ONLY ---** The filing of quarterly reports and payment of contributions **only.** (Limited)

This authorization cancels and supersedes all prior authorizations associated with the above action checked.

IN WITNESS WHEREOF, the said_____ has caused this instrument to be duly attested by the signature of its duly qualified officer this _____ day of _____, _____.

By: _____
Duly Qualified Officer

[NOTARY SEAL]

_____
Title

_____
Notary Public