

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. **Oregon Combined Employer's Registration-Please complete highlighted sections**
 - In order to operate as a business in the state of Oregon, all entities are required to enroll with the Department of Revenue and Oregon Employment Department. You are considered a Domestic Household employer, and 406 Financial Services has already indicated on Page 1. Submitting this form serves the dual purpose of opening accounts with both entities and allows 406 Financials Services to pay taxes on your behalf.
5. **Oregon Authorization to Represent-Please complete highlighted**
 - This form allows 406 Financial Services to pay and report all necessary state taxes to both the Department of Revenue and Oregon Employment Department.

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
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Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested

2 Trade name of business (if different from name on line 1)

3 Executor, administrator, trustee, "care of" name

4a Mailing address (room, apt., suite no. and street, or P.O. box)

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

4b City, state, and ZIP code (if foreign, see instructions)

5b City, state, and ZIP code (if foreign, see instructions)

6 County and state where principal business is located

7a Name of responsible party

7b SSN, ITIN, or EIN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? ☐ 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) ▶

☐ 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) ▶

☐ Banking purpose (specify purpose) ▶

☐ Changed type of organization (specify new type) ▶

☐ Purchased going business

☐ Hired employees (Check the box and see line 13.)

☐ Created a trust (specify type) ▶

☐ Compliance with IRS withholding regulations

☐ Created a pension plan (specify type) ▶

☐ Other (specify) ▶

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

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 ☐ Wholesale-agent/broker

☐ Accommodation & food service ☐ 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

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 ▶

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form **SS-4** (Rev. 1-2010)

Form **2678** **Employer/Payer Appointment of Agent**

(Rev. October 2012)

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)**

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2 Employer's or payer's name
(not your trade name)

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3 Trade name (if any)

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4 Address

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Number Street Suite or room number

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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.)

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)

**For ALL
employees/
payees****For SOME
employees/
payees**☒☐☒☐☐☐☐☐☐☐☐☐☐☐

*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**

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Date

/	/
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Print your name here

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Print your title here

HCSR

Best daytime phone

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Now give this form to the agent to complete. ►

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/Identification
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

Print Name

Owner, HCSR Sole Proprietor

Title (if applicable)

Form OR-CER

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(Rev. 11-29-23, ver. 01)

Oregon Combined Employer's Registration



Submit original form—do not submit photocopy

You can also register online through Revenue Online (ROL) revenueonline.dor.oregon.gov. See publication 150-211-055-1 for instructions.

Part A—Organization information

Legal business name as registered with IRS and Oregon Secretary of State (SOS)	Federal employer identification number (FEIN)	Phone
Doing business as (DBA)	Email	

Type of ownership (check only one)

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sub-chapter S Corporation	<input type="checkbox"/> Sole proprietorship (individual)	<input type="checkbox"/> LLP (Limited liability partnership)
<input type="checkbox"/> Partnership-general	<input type="checkbox"/> Partnership-limited	<input type="checkbox"/> Non-profit 501(c)(3) (attach federal exemption)	<input type="checkbox"/> Other nonprofit
<input type="checkbox"/> LLC-Corporation	<input type="checkbox"/> LLC-S Corporation	<input type="checkbox"/> LLC-Partnership	<input type="checkbox"/> LLC-Disregarded entity
<input type="checkbox"/> Recognized Indian Tribe	<input type="checkbox"/> Other tax entity: _____		

Business mailing address	City	State	ZIP code
Business physical address	City	State	ZIP code

<input type="checkbox"/> Check box if physical address is an employee home address	North American Industry Classification System (NAICS) code	
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Part B—Owner, officer, partner information

List all owners, officers, partners, or parent company. Use additional sheets if necessary. *Must be filled in as required by OAR 150-305.100.

1. Name/responsible party	*Social Security number (SSN) OR Federal employer identification number (FEIN)
Address	City State ZIP code

Responsible for:

<input type="checkbox"/> Filing tax returns	<input type="checkbox"/> Paying taxes	<input type="checkbox"/> Hiring/firing	<input type="checkbox"/> Determining which creditors to pay first
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2. Name/responsible party	*Social Security number (SSN) OR Federal employer identification number (FEIN)
Address	City State ZIP code

Responsible for:

<input type="checkbox"/> Filing tax returns	<input type="checkbox"/> Paying taxes	<input type="checkbox"/> Hiring/firing	<input type="checkbox"/> Determining which creditors to pay first
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Part C—Payroll information

Withholding/statewide transit tax

Check if any employees are:

<input type="checkbox"/> Courtesy withholding	<input type="checkbox"/> Agricultural	<input type="checkbox"/> Working on fishing vessel	<input type="checkbox"/> Domestic (in-home worker)	Does any domestic worker request withholding?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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List approximate number of:	Date employees were/will first be paid (MM/DD/YYYY)
LLC members _____ Owners/officers _____ Employees _____	/ /

— CONTINUED ON NEXT PAGE —

Form OR-CER

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(Rev. 04-17-23, ver. 01)



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Part C—Payroll information (continued)

Transit Payroll Tax

Complete for employees working in these areas:

<input type="checkbox"/> TriMet Transit District	Enter date subject to tax (MM/DD/YYYY)	<input type="text"/>	<input type="checkbox"/> Lane Transit District	Enter date subject to tax (MM/DD/YYYY)	<input type="text"/>
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Unemployment tax

Enter date first Oregon employee was/will be hired (MM/DD/YYYY)	<input type="text"/>	In what calendar quarter did/will your payroll first exceed \$1,000 or \$20,000 agricultural labor?	Quarter <input type="text"/>	Year (YYYY)	<input type="text"/>
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Workers' Benefit Fund

Do employees need to be covered by a workers' compensation (WC) policy? ☐ Yes ☐ No, but I choose to have coverage

Check the reason you do not need a WC policy:

<input type="checkbox"/> No, employees are covered by federal WC	<input type="checkbox"/> No, only owners/corporate officers
<input type="checkbox"/> No, other (explain) _____	

Part D—Business acquisition (Complete only if this business acquired another business or altered its tax structure)

Check the box that best describes acquisition:

<input type="checkbox"/> ALL of the Oregon business operations of this ongoing business was acquired/transferred.	OR	<input type="checkbox"/> PART of the Oregon business operations of this ongoing business was acquired/transferred.
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Date of acquisition (MM/DD/YYYY):	Percentage of business acquired:
<input type="text"/>	<input type="text"/> %

Business ID number (BIN) OR Federal employer identification number (FEIN) of acquired business	Previous owner contact phone
<input type="text"/>	<input type="text"/>

Acquired business name	Previous owner name
<input type="text"/>	<input type="text"/>

Part E—Off-site/third party payroll contact

Attach tax information authorization or power of attorney form for us to exchange information with listed contact.

Off-site payroll service, accountant, bookkeeper name	Individual contact name		
Off-site payroll service mailing address	City	State	ZIP code
Send forms to this address?	Send billings to this address?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Part F—Registration contact person

Primary business contact name	Title
Phone	Email
<input type="text"/>	<input type="text"/>

Part G—Authorization/submitted by

I certify under the penalties for false swearing [ORS 305.990(4)], the above statements to be true and correct. I authorize the Employment Department, the Department of Revenue, and the Department of Consumer & Business Services to verify any of the above information with regard to this business. I will notify each agency if there is a change or cancellation of the above authorized representative.

Authorized signature	Phone	Date
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Name (print or type)	Title	
<input type="text"/>	<input type="text"/>	

Mail your completed form to: **Oregon Employment Department**
875 Union Street NE - Room 107
Salem OR 97311-0030 OR Fax to: **503-947-1528**

Retain a copy for your records



Form OR-AUTH-REP Authorization to Represent

Use this form to authorize the Oregon Department of Revenue to disclose your confidential tax information to the authorized representative you identify below and to allow that representative to make decisions on your behalf. The person you authorize must meet the qualifications listed in the instructions. If a tax matter concerns a year for which a joint return was filed, see additional instructions on Form OR-AUTH-REP Instructions.

- Print clearly. Use black or blue ink.
- This form will be rejected if it isn't signed by both you and your authorized representative, is incomplete, or has unreadable information.
- This form is invalid if modified or appended.
- See additional instructions on Form OR-AUTH-REP Instructions.
- Submit your completed form through your Revenue Online account at revenueonline.dor.oregon.gov, or by email to questions.dor@dor.oregon.gov, or by mail to Oregon Department of Revenue, 955 Center St. NE, Salem, OR 97301-2555.

Part 1—Taxpayer information (Individual or Business entity)

Taxpayer name		Phone number ()	
Business name			
Business owner/Officer name (Required if taxpayer is a business entity.)			
Social Security number (SSN) (Last 4)		Individual taxpayer identification number (ITIN) (Last 4)	
Business identification number (BIN)		Federal employer identification number (FEIN)	
Address	City	State	ZIP code

Part 2—Authorization to represent, Representative's attestation and signature

I authorize the Department of Revenue to share my confidential tax information to the authorized representative named below. I authorize my representative to make decisions on my behalf. The authorized representative must meet the qualifications to represent me before the Oregon Department of Revenue. My authorized representative will represent me for **all** tax years and **all** tax programs unless the authorization is limited in Part 3.

Representative name		Phone number ()	
Firm, organization, or agency name			
Title (if applicable)		Email	
Address	City	State	ZIP code
Relationship	CPA, State Bar Number, or Oregon License Number (LTP, LTC, Agent)		
Signature of representative—By signing below as an authorized representative, I attest that I meet the qualifications to represent under Oregon law.			Date
X <i>Kim Fraser</i>			

Part 3—Authorization limitations

I limit the access and representation of my authorized representative to particular tax years or particular tax programs or both as follows:

Tax year(s): _____

Tax program(s): _____

Part 4—Revocation of prior authorizations

Prior authorizations to represent remain in effect until revoked in writing. If you wish to revoke previous authorizations to represent, initial here _____.

Part 5—Taxpayer declaration and signature

Your signature below acknowledges that your representative may receive your confidential tax information and that actions taken by your authorized representative are binding on you, even if an authorized representative isn't an attorney. Proceedings can't later be declared legally defective because your authorized representative was not an attorney. Corporate officers, partners, fiduciaries, or other qualified persons signing on behalf of the taxpayer: Under penalties for false swearing, I also certify and declare that I have the authority to execute this form.

Signature X	Date
Name	