

## 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. **WA Department of Revenue Business License Application**-Please complete highlighted Owner Name (Pg 1), Owner Information Item F (Pg 3) & Sign/Date.
  - In order to operate as a business in the state of Washington, all entities are required to apply for a Business License. You are considered a Domestic Household employer, and 406 Financial Services has already indicated on Page 2 that the purpose of the application is to Hire Persons to Work In or Around Your Home. The cost to your budget for this application is only \$10. This application will initiate the State of Washington to open accounts where applicable (Dept of Revenue, Dept of Labor & Industry, Employment Securities Division) and allow 406 Financials Services to pay taxes on your behalf.
5. **WA Department of Labor & Industries Application for Elective Coverage of Excluded Employments**- Please complete highlighted section at bottom of page only if you would like to apply for elective Workers Compensation for your employees.
  - In Washington, the VDC program does not qualify for Workers Compensation for Veterans' employees as a Domestic Household employer, but they do allow for elective coverage. The cost to your budget is at a rate of \$0.3461/hr.
6. **POA Forms (2 separate forms) for Employment Securities Division (ESD)**-Please complete highlighted sections and sign/date.
  - ESD manages the Unemployment Division and the WA PFMLA/WA CARES programs. Signed POA forms for both allow 406 Financial to report and pay on your behalf.

Form	<b>SS-4</b>	<b>Application for Employer Identification Number</b>	OMB No. 1545-0003
(Rev. January 2010)		(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)	EIN
Department of the Treasury Internal Revenue Service	▶ See separate instructions for each line. ▶ Keep a copy for your records.		
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)? <input type="checkbox"/> Yes <input type="checkbox"/> No		8b If 8a is "Yes," enter the number of LLC members ▶
	8c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	9a Type of entity (check only one box). <b>Caution.</b> If 8a is "Yes," see the instructions for the correct box to check.		
	<div><div><input type="checkbox"/> Sole proprietor (SSN) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (enter form number to be filed) ▶ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Other nonprofit organization (specify) ▶ <input type="checkbox"/> Other (specify) ▶</div><div><input type="checkbox"/> Estate (SSN of decedent) <input type="checkbox"/> Plan administrator (TIN) <input type="checkbox"/> Trust (TIN of grantor) <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises Group Exemption Number (GEN) if any ▶</div></div>		
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) <div><div><input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Other (specify) ▶</div><div><input type="checkbox"/> Banking purpose (specify purpose) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Created a pension plan (specify type) ▶</div></div>			
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. <div>Agricultural Household Other</div>		14 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 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. <input type="checkbox"/>	
15 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) ▶			
16 Check <b>one</b> box that best describes the principal activity of your business. <div><div><input type="checkbox"/> Construction <input type="checkbox"/> Rental &amp; leasing <input type="checkbox"/> Transportation &amp; warehousing <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance &amp; insurance</div><div><input type="checkbox"/> Health care &amp; social assistance <input type="checkbox"/> Accommodation &amp; food service <input type="checkbox"/> Other (specify) <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail</div></div>			
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.			
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes," write previous EIN here ▶			
Third Party Designee	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. Name and title (type or print clearly) ▶		Applicant's telephone 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.

**For IRS use:**

**Note.** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

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

**Part 1: Why you are filing this form...**

(Check one)

- ☒ You want to **appoint** an agent for tax reporting, depositing, and paying.
- ☐ You want to **revoke** an existing appointment.

**Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.****1 Employer identification number (EIN)**

		-								
--	--	---	--	--	--	--	--	--	--	--

**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.)

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**

--

Date

/	/
---	---

Print your name here

--

Print your title here

HCSR
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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](http://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
<b>FEIN</b>	<b>SS-4</b>	<b>2023 - 2027</b>	<b>FEIN Verification/Idenetification</b>
<b>Employment, Payroll</b>	<b>941, 940</b>	<b>2023 - 2027</b>	

**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 700 028

Business Licensing Service  
PO Box 9034  
Olympia WA 98507-9034  
360-705-6741



*For Validation - Office Use Only*

# Business License Application

### Legal Entity/Owner Name:

Unified Business Identifier (UBI):

Federal Employer Identification Number (FEIN):

### For faster service apply online at [dor.wa.gov/businesslicense](https://dor.wa.gov/businesslicense)

Online applications are typically processed within ten business days.

It may take up to three weeks if you file by paper.

If you have city or state endorsements, it may take an additional 2-3 weeks to receive your business license due to approval time.

### Processing fee instructions:

A Business License Application processing fee is required for each application received in addition to applicable endorsement or trade name fees. See below to determine the processing fee.

#### Open/reopen a business - \$90 (non-refundable)

If you are opening the first location of a new business/UBI or re-opening a business/UBI that has no active locations, enter \$90 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

#### Adding an additional location - \$0

If you are adding an additional location to your current business, enter \$0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

#### Adding a city Non-Resident Business endorsement to an existing location - \$0

If your business is not physically located inside city limits, but you will travel within the city's limits to conduct business, a city Non-Resident Business endorsement is required. If you are adding a city's Non-Resident Business endorsement to an existing location account, enter \$0 in the Processing fee box in the Endorsement and fee section. No processing fee is required.

#### Any other purpose - \$19 (non-refundable)

If you are filing for any purpose other than those listed above, enter \$19 in the Processing fee box in the Endorsement and fee section. No other processing fee is required.

Examples: Hiring employees, registering a trade name, adding additional endorsements to an existing location, Domestic Employer, etc.

# 1 Purpose of application *(check all that apply)*

Open/reopen business

Business has or will have employees

Open additional location

Business has or will have employees under age 18

Add endorsement to existing location

If ONLY requesting to add a minor work permit to your account, and this business location has an active Worker's Compensation account with L&I, and there were no business changes since the last Business License Application was filed, complete only sections 2, 3a, 3c, 3d (and 3f for sole proprietors), 5c and 6.

Change ownership

Register trade name

Hire persons to work in or around your home

Change trade name

Name(s) to be cancelled:

Change location

Old address to be closed:

Other:

# 2 Endorsements and fees

*(use the Business Endorsement Fee Sheet and City Fee Sheet for the information needed to complete this list)*

## Mark registrations needed (fees are listed on the right)

Tax Registration (DOR) \$0.00

Do you want a separate tax return for each business? Yes No

Industrial Insurance (Worker's Compensation) - *Required if you will have employees* \$0.00

Unemployment Insurance - *Required if you will have employees* \$0.00

Minor Work Permit - *Required if you will have employees under age 18* \$0.00

New trade name (doing business as): \$5.00

**List additional trade names (\$5 each name) or other endorsements (such as additional state or city endorsements):**

Trade name	Fee
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$

**Processing fee: \$**

**Total amount due: \$**

**How to pay:** Enclose check for total amount due, including the non-refundable processing fee, which must be submitted with this form. Make check payable to Department of Revenue.

### 3 Owner information

a. **\*Select an ownership structure** (choose one):

Sole Proprietorship - If married, should spouse's name appear on license? Yes      No  
*(If you answer no, you must still enter the spouse information in section 3f below)*

Corporation*	Nonprofit Corporation* ( <i>educational, religious, charitable</i> )
Limited Liability Company*	Partnership (# of partners: _____ )
Limited Partnership*	Limited Liability Partnership*
Limited Liability Limited Partnership*	Joint Venture

*\*These ownership structures must contact the Secretary of State office for additional filing requirements.*

Name of Corp., LLC, Partnership, LLP, LLLP, or Joint Venture:

State incorporated/formed:	Year incorporated/formed:
<div style="display: flex; justify-content: space-between;"> <span>Association</span> <span>Trust</span> </div>	<div style="display: flex; justify-content: space-between;"> <span>Municipality</span> <span>Tribal Government</span> </div>

Name of Organization:

b. **\*Business open date (MM/DD/YY):**

*This is the ownership structure's first date of business at this location. Out-of-state businesses should use the first date of operation in WA. If unknown, please estimate date.*

c. **\*Business name/trade name:**

Is this location inside city limits? Yes No

d. **\*Business mailing address:**

City: State: Zip:

*\*Business street address (if different than mailing.) Do not use PO Box or PMB:*

City: State: Zip:

e. **Business phone number:**

Email:

f. **List all owners and spouses:**

This includes any Sole Proprietor, partners, officers, or LLC members (attach additional pages if needed)

**\*Name** (last, first, middle):

Title: Home phone: Date of birth:

**Social Security Number\***: % Owned\*:

**Home address:**

**City:** **State:** **Zip:**

Are you married? Yes No If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number: Spouse date of birth:



**Owners and spouses continued...**

Name (last, first, middle):

Title:

Home phone:

Date of birth:

Social Security Number\*:

% Owned\*:

Home address:

City:

State:

Zip:

Are you married?      Yes      No      If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number:

Spouse date of birth:

Name (last, first, middle):

Title:

Home phone:

Date of birth:

Social Security Number\*:

% Owned\*:

Home address:

City:

State:

Zip:

Are you married?      Yes      No      If yes, enter spouse information below.

Spouse name (last, first, middle):

Spouse Social Security Number:

Spouse date of birth:

\*The Social Security Number, home phone number and percentage owned are required for Sole Proprietors, partners, corporate officers, and LLC members of businesses that will have employees.  
 (WAC 192-310-010) Not fully completing section "f" will result in application delays.

**4****Location/business information**

- a. Are you an out of state business with no Washington location and have employees or representatives working in Washington?

Employees:      Yes      No      Representatives:      Yes      No

If yes, provide **one** of their Washington addresses (we will not use this address for mailing purposes):

Business street address:

City:

State:

Zip:

- b. Do you plan to hire independent contractors or people you will report on a 1099 form?      Yes      No  
 Check "Independent Contractors" definition at [lni.wa.gov/insurance/insurance-requirements/independent-contractors](http://lni.wa.gov/insurance/insurance-requirements/independent-contractors)

- c. \*Provide the estimated gross annual income in Washington (check one):

\$0 - \$12,000      \$12,001 - \$28,000      \$28,001 - \$60,000      \$60,001 - \$100,000      \$100,001 and above

- d. Mark the business activities in Washington State (check all that apply):

Wholesale      Retail      Manufacturing      Services

- e. \*Describe in detail the principal products or services you provide in Washington State:

- f. Did you buy, lease, or acquire all or part of an existing business?      Yes      No



Date bought/leased/acquired (MM/DD/YY):

Prior business name:

Prior owner's name:

Phone:

g. Did you purchase/lease any fixtures or equipment on which you have not paid sales or use tax?

Yes No If yes, indicate purchase or lease price: \$

h. If this business is owned by, controlled by, or affiliated with any other business entity, provide that business entity's name and UBI number.

Entity name:

UBI number:

Entity name:

UBI number:

i. If you are changing your business structure (such as changing from Sole Proprietorship to Corporation) and want the old account closed, provide the UBI number to be closed:

Do you wish to cancel all the trade names registered under the old UBI number?

Yes

No

You must re-register all trade names you use under the new business structure.

j. Have you ever owned another business?

Yes

No

If yes, business name:

UBI number:

k. Your bank's name:

Branch:

## 5 Employment/elective coverage

5a and 5c are required if hiring employees and/or minors.

**Employment accounts** cannot be established unless you plan to employ persons within the **next 90 days**. If accounts are established, Employment Security and Labor and Industries reports will be required quarterly **even if you have not hired**.

a. \*Date of first employment or planned employment at this location (MM/DD/YY):

First date wages paid (MM/DD/YY):

b. Number of persons you employ or plan to employ at this location (do not include owners):

c. \*Estimate the number of persons under age 18 (minors) you will employ in the next 12 months and duties they will perform:

Age	Number of employees	Duties to be performed by minors (Check <a href="http://lni.wa.gov/workers-rights/youth-employment/how-to-hire-minors">lni.wa.gov/workers-rights/youth-employment/how-to-hire-minors</a> )
16-17		
14-15		
Under 14		

Before checking under age 14, please complete required documents. See publication F700-118-000 at [lni.wa.gov/forms-publications/F700-118-000.pdf](http://lni.wa.gov/forms-publications/F700-118-000.pdf)

d. Check the box that best describes the major operation of your business (**choose one**):

(01) Drywall Operations

(03) Construction/Engrg/Property Mgmt

(05) Maritime/Vessels/Longshore

(07) Wood Prod/Stone/Glass & Mining

(09) Vehicle Svcs/Transportation

(11) Mfg - Food/Ice/Beverages

(13) Retail/Whlsl: Stores & Warehsing

(15) Media/Entertainment/Lodging

(02) Logging/Forestry

(04) Temp Help Co/Employee Leasing

(06) Electronics/Utilities/Vending Mch

(08) Mfg - Metal/Mach Shops/Millwright

(10) Mfg - Chem/Textiles/Paper

(12) Agriculture/Farming

(14) Food Svcs/Chore/Asst Lvg/Janitor

(16) I.T./Prof Svcs/Med/Salon/Schools

- e. Describe in detail the activities of your workers. Then estimate the total workers' hours for a 3-month period. (One full-time worker = 480 total hours for 3 months)

Position and activities	No. of workers	Worker hours (include minors)
Example: Office Staff - reception accounting, data entry	2	960

- f. If you have more than one Washington location, how do you wish to receive the following quarterly reports?

Unemployment Insurance: All locations combined Each location separately (multiple reports)

Worker's Compensation: All locations combined Each location separately (multiple reports)

Additional Coverage is available as noted below. (See *Business Endorsement Fee Sheet* for more information.)

- g. If you are a Profit Corporation, do you want Unemployment Insurance coverage for corporate officers?

Yes – Go to [esd.wa.gov](http://esd.wa.gov) to obtain a Voluntary Election form. This form is required for coverage.

No – The Corporation must inform officers in writing that they are not covered for Unemployment Insurance.

- h. Do you want Workers' Compensation coverage for owners (Sole Proprietor, partners, corporate officers, LLC members/managers)? (In an LLC with managers, you may elect to cover those persons who are both members (owners) and managers. In an LLC with members only, you may elect to cover those members.)

Yes – Prior to coverage, Form F213-042-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

No

- i. Do you want elective Workers' Compensation coverage for excluded employment? (See *Business Endorsement Fee Sheet* for descriptions.)

Yes – Prior to coverage, Form F213-112-000 is required. This form will be sent to you by the Dept. of Labor & Industries.

No

## 6 Signature *(Signature of Sole Proprietor or spouse, partner, corporate officer, or LLC member/manager)*

I, the undersigned, declare under the penalties of perjury and/or the revocation of any license granted, that I am the applicant or authorized representative of the firm making this application and that the answers contained, including any accompanying information, have been examined by me and that the matters and things set forth are true, correct and complete.

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

Application prepared by:

Title:

Phone:

Date:

Some agencies provide language assistance. Would you like assistance?

Yes

No

What language?



# Application for Elective Coverage of Excluded Employments

**State Fund Accounts Mail To:**

Employer Services  
PO Box 44140  
Olympia WA 98504-4140  
Fax — 360-902-4633

**Self-Insured Accounts Mail To:** (Account ID starts with 700, 701, or 706)

Self-Insurance  
PO Box 44891  
Olympia WA 98504-4891  
Fax — 360-902-6860

The following categories of employment are not included within the mandatory coverage of the Industrial Insurance laws of Washington per [Title 51](#) of the Revised Code of Washington. Indicate the type of coverage elected by checking the appropriate box(es). See the following page and the RCWs/WACs listed for reporting requirements and definitions of elective coverage.

1. ☒ Domestic servants
2. ☐ Gardening, Maintenance, Repair, etc. in or about the employer's home
3. ☐ Casual Employment away from the Employer's home and not associated with their business.  
Provide a brief description of the work being performed:  
\_\_\_\_\_
4. ☐ Services in return for Aid or Sustenance only.
5. ☐ Minor children under 18 years of age on a family farm.
6. ☐ Jockey — Racing
7. ☐ Musicians and Entertainers
8. ☐ Volunteer Law Enforcement Officer (Full Coverage) (6905)
9. ☐ Volunteer Workers (Medical Aid only)  
☐ Law Enforcement (6906) ☐ Other (6901) ☐ Community Improvement Project (6901)
10. ☐ Student volunteers – public and private K – 12 and institutions of higher education  
(Medical Aid only 6901)
11. ☐ Unpaid students in a work-based school-sponsored program (Medical Aid only 6901)
12. ☐ Community Services (7203) Project Period: From: \_\_\_\_\_ To: \_\_\_\_\_
13. ☐ Newspaper Carriers and Freelance Journalists
14. ☐ Insurance producers or surplus line brokers

I, the undersigned, certify that I am authorized to execute this Application of Elective Coverage on behalf of this business, public entity, or nonprofit organization.

By signing below, I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct, and further that if coverage is being elected for student volunteers, the student is enrolled as described on page 2 of this form in #10 and participating as a volunteer in a program authorized by a school; and if coverage is being elected for unpaid students, the student is enrolled as described on page 2 in #11 and participating in a work-based learning program authorized by an institution of higher education.

Benefits in accordance with [Title 51 RCW](#) are to be provided to all persons, now or hereafter working under this optional coverage until 30 days after written notice of cancellation of this election has been received by the department. In case of cancellation, I shall post said notice at least 30 days before the effective date in the work area of the affected worker(s) and shall personally notify other affected worker(s). ([RCW 51.12.110](#))

This coverage will not start until the Department Labor and Industries receives this signed notification.

Business Name	UBI	Account ID
Business Address	City	State Zip Code
Applicant's Name	Official Position	
Applicant's Phone Number	Applicant's Email Address	
Date	Signature	

## Power of Attorney for Unemployment Insurance

This authorization allows the Employment Security Department to send or share confidential information about your unemployment insurance account with your designated representative. Please complete all information below. It must match the records we have on file for your business. **\*Employers must have an actual ESD account number issued and listed on this form in order to submit for processing.**

### Section 1 – Employer information

Business name: \_\_\_\_\_ ESD number\*: \_\_\_\_\_  
Business phone number: \_\_\_\_\_ EIN: \_\_\_\_\_  
Mailing address line 1: \_\_\_\_\_ UBI number: \_\_\_\_\_  
Mailing address line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Employer contact name and title: \_\_\_\_\_  
Contact phone number: \_\_\_\_\_  
Contact email: \_\_\_\_\_

### Section 2 – Representative for Tax

47-1252737

#### purposes

Representative EIN (required): 406 Financial Services  
Representative organization name: PO Box 7008  
Mailing address line 1: \_\_\_\_\_  
Mailing address line 2: \_\_\_\_\_ State: MT Zip code: 59807-7008  
City: Missoula  
Representative contact name: Esther Cole  
Contact phone number: 406-880-3760  
Contact fax number: \_\_\_\_\_  
Contact email: ecole@406llc.org

### Section 3 – Confidential tax information

**Authorizations:** Please select the boxes that indicate how much authority you'd like to give your representative.

- ☒ Unemployment insurance tax reports and amendments
- ☒ Tax payments and billing statements
- ☒ Electronic access to information as available
- ☒ Audit of unemployment insurance taxes
- ☒ Enter into agreements
- ☒ Represent and make oral or written presentations of fact and/or argument

#### Mailing tax documents:

Please select the address ESD should use when mailing tax documents. (mark ONLY ONE)

- ☐ Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- ☐ xRepresentative's address in section 2

#### above Mailing billings:

Please select the address ESD should use when mailing billings and payment notices. (mark ONLY ONE)

- ☐ Employer's mailing address. (Use the *Business Change Form* to report any change of business address.)
- ☐ Representative's address in section 2 above

**Section 4 – Representative for Benefits purposes**

☒ Same as above. (Skip this section if checked.)

Representative EIN (required): \_\_\_\_\_

Representative organization name: \_\_\_\_\_

Mailing address line 1: \_\_\_\_\_

Mailing address line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Representative contact name: \_\_\_\_\_

Contact phone number: \_\_\_\_\_

Contact fax number: \_\_\_\_\_

Contact email: \_\_\_\_\_

**Section 5 – Confidential benefits information**

**Authorizations:** Please select the boxes that indicate how much authority you'd like to give your representative.

- ☒ Benefits charges
- ☒ Benefit claims
- ☒ Electronic access to information as available
- ☒ Enter into agreements
- ☒ Represent and make oral or written presentations of fact and/or argument

**Mailing benefit documents:**

Please select the address ESD should use when mailing benefit documents. (mark ONLY ONE)

- ☐ Employer's mailing address on record. (Use the *Business Change Form* to report any change of business address.)
- ☒ Representative's mailing address in Section 2 on the first page
- ☐ Representative's mailing address in Section 4 above

**Effective Date:** Your authorizations selected will remain in effect as of the beginning authorization date until you revoke them in writing.

POA Authorization date: \_\_\_\_\_

Is your representative part of SIDES? If yes provide their Broker # N/A

**I, the undersigned, declare under the penalties of perjury that I am the business owner, officer, or authorized employee approved to represent this employer and further declare that the information submitted has been examined by me and that the matters and statements set forth are true, correct, and complete.**

Authorizing signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

If you have questions, please contact the Registration Unit at 855-829-9243.

Please sign this form and fax to 800-794-7657, email to [uifiles@esd.wa.gov](mailto:uifiles@esd.wa.gov), or mail to:  
Employment Security Department, Registration Unit, P.O. Box 9046, Olympia, WA 98507-9046

## Power of Attorney Form

**Use this form to authorize an employer agent as a designated representative for a business account.**

- This authorization allows the Employment Security Department to send and share confidential information about the business listed with the designated representative. This includes information pertaining to the Paid Leave and WA Cares programs.
- By law, the employer is liable for all acts taken or failure to act by the agent on the employer's behalf for any delegated roles assigned to the agent. The law that applies is WAC 192-500-015.

**Complete the required information (\*) requested below.**

Employer information		
First Name* :		Last Name* :
Legal Business Name* :		
Employer Identification Number (EIN)* :		Unified Business Identifier Number (UBI)* :
Mailing Address: PO Box 7008		
City :	State :	Zip Code :
Missoula	MT	59807
Phone Number* : 406-239-2591		Email Address* : kfraser@406LLC.org
Employer agent information		
First Name* : Kim		Last Name* : Fraser
Legal Business Name* : 406 Financial Services LLC		Employer Identification Number (EIN)* : 47-1252737
Phone Number* : 406-239-2591		Email Address* : kfraser@406LLC.org
Employer Agent ID : A200096061		
<small>No Agent ID? Register with Leave and Care to receive an employer Agent ID. Go to <a href="https://paidleave.wa.gov">paidleave.wa.gov</a> to log in or create your account.</small>		

## Authorizations

Select the role(s) you authorize this employer agent to act on and receive correspondence for :

- ☒ **Wage Reporting** | File quarterly wage reports
- Wage Amendments** | Review wage detail history and make wage amendments
- Payments** | Make payments and view billing statements
- Audits** | Participate in Paid Leave and WA Cares audits
- Appeals and Agreements** | Enter into agreements and make oral or written presentation of fact and argument

## Employer certification and signature

By signing below, I certify under penalty of perjury that:

- I am the business owner or officer duly authorized to represent this account.
- The information submitted has been examined by me and that the matters and statements set forth are true, correct, and complete.

**Authorization Effective Start Date\*** :

**Authorization Effective End Date :**

*If no end date is provided, authorizations will remain in effect until revoked in writing or through an alternate method authorized by the commissioner.*

**Employer Signature\*** :

**Date Signed\*** :

**Printed Name\*** :

**Title\*** :

## Employer agent certification and signature

By signing below, I certify under penalty of perjury that:

- I, and any delegated individual representing my agency, am duly authorized to represent this account.
- The information submitted has been examined by me and that the matters and statements set forth are true, correct, and complete.

**Employer Agent Signature\*** :

**Date Signed\*** :

**Printed Name\*** :

**Title\*** :

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711