

Form	SS-4	Application for Employer Identification Number	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). Caution. If 8a is "Yes," see the instructions for the correct box to check.		
	<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</div> <div>Group Exemption Number (GEN) if any ▶</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><input type="checkbox"/> Started new business (specify type) ▶ <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><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>			
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.		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. <input type="checkbox"/>	
<div>Agricultural Household Other</div>			
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.			
<div><input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail</div> <div><input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Other (specify)</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 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)

--

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**

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Date

/	/
---	---

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)



Mark Gordon
Governor

State of Wyoming

Department of Workforce Services

Unemployment Tax Division
PO Box 2760
Casper, Wyoming 82602
307-235-3217 • Fax: 307-235-3278
dws.wyo.gov



Elizabeth Gagen, J.D.
Director
Jason Wolfe
Deputy Director

POWER OF ATTORNEY

I. Business/Taxpayer			
Name			
Address		City	State ZIP Code
Phone Number	FEIN	UI Tax Number	WC Account Number
II. Does Hereby Appoint			
Name of Appointed Representative 406 Financial Services		Phone Number 406-239-2591	
Address PO Box 7008		City Missoula	State ZIP Code MT 59807-7008
as attorney(s)-in-fact to represent taxpayer before the Wyoming Unemployment Tax Division with respect to the following Unemployment Insurance matter(s):			
<ul style="list-style-type: none">• The presenting of completed forms, including claims for adjustment of account, employer's protest of benefit claims and information relative thereto.• All matters affecting merit rating, contributions and/or direct reimbursements.• The personal discussion of any or all of the foregoing with proper officials of the State of Wyoming Unemployment Tax Division, Unemployment Insurance Division, and the Workers' Safety and Compensation Division.• This appointment supersedes and replaces any prior authorization which our company may have filed with your agency.			
III. Authorize Access (please initial your choice)			
<input checked="" type="checkbox"/> Tax Mailing Address (this allows your representative to receive all correspondences regarding your Unemployment Tax account at their address. No correspondence will be mailed to you)			
<input checked="" type="checkbox"/> Benefits Mailing Address (this allows your representative to receive all correspondences regarding Unemployment claims at their address. No correspondence will be mailed to you)			
<input checked="" type="checkbox"/> Both			
<input type="checkbox"/> Information Only (all mail will be sent to your address. Your representative will still be able to view your account and file reports as required)			
III. Signature of Business Representative/Taxpayer			
Name (<i>printed</i>)		Title	
Signature		Date	



Mark Gordon
Governor

State of Wyoming

Department of Workforce Services

Unemployment Tax Division
PO Box 2760
Casper, Wyoming 82602
307-235-3217 ■ Fax: 307-235-3278
dws.wyo.gov



Robin Sessions Cooley, J.D.
Director
Elizabeth Gagen, J. D.
Deputy Director

IV. Signature of Appointed Representative

I certify that I will represent this employer as a Third Party only. The employer has established their own account in WYUI and has requested an Association. I will access their WYUI information and file quarterly reports only through my Third Party login.

Name (<i>printed</i>)	Title	
Signature		Date

V. Mail or fax completed form to:
Unemployment Tax Division
PO Box 2760
Casper, Wyoming 82602
Fax: 307-235-3278