



CONTINUUM
FISCAL SERVICES
IT'S PERSONAL!

PARTICIPANT ENROLLMENT PACKET

Fiscal Employer Agent Services

Welcome to Continuum Fiscal Services! We are pleased to have the opportunity to assist you in becoming an employer in the Participant Direction Waiver Programs (PD). This packet contains the forms and information you need to get set up as an employer so you may begin directing your services. The forms also give Continuum permission to file employee and employer taxes on your behalf and to issue paychecks to your employees.

Customer Service Contact Information

Continuum Fiscal Services
260 Peachtree St NW Suite
1500 Atlanta, GA 30303
Mon-Fri 8:30am - 5:00pm

Phone: 678-974-7942
Fax: 404-888-9142
Email:
enrollments@continuumfs.com
Web: www.continuumfs.com

Toll-Free: 1-855-874-9311 Toll-
Free: 1-855-872-3728

Enrollment Packet Forms and Form Explanations

(these forms must be returned to Continuum Fiscal Services to enroll you as an employer)

Orientation and Enrollment Checklist	Use the checklist to ensure you complete every form.
Participant Information Form	This form gives Continuum basic information about you, so you can be set up in our system as an employer. It also captures information to complete the included federal and state tax forms.
Participant Agreement and Acknowledgement Form	This is an agreement between Continuum and you. It defines the responsibilities.
Power of Attorney	This form is required for those transferring from another fiscal agent. This form allows Continuum to act as your fiscal agent for state tax filings.
Limited Power of Attorney	This form is required for those NEW to Participant Direction. This form allows Continuum to act as your fiscal agent for state tax filings.
Cost Share Agreement	This form is only required for CCSP waiver participants. This form provides Continuum the amount DCH sets as your Cost Share payment.
SS-4 Application for Employer Identification Number (EIN)	This form tells the IRS you are going to be a household employer. It is used to obtain an Employer Identification Number (EIN) which is needed for filing and reporting taxes.
2678 Employer/Payer Appointment of Agent	With this form you appoint Continuum to take care of employer tax responsibilities, allowing us to withhold taxes from your employee's paychecks and deposit those taxes with the IRS.
Form 8821	This form authorizes the IRS to disclose your tax information to Continuum and access to your IRS records via a fiscal agent
Employer Status Report	This form is required to establish an unemployment insurance tax account in Georgia.
RD-1061 Power of Attorney	This authorizes Continuum to act as your representative regarding payroll taxes with the Georgia Department of Revenue

Supplemental Forms and Form Explanations

(can obtain these documents online for reference and use when necessary)

Payroll Calendar	This outlines when time sheets are due and when pay checks are issued.
Online Time Sheet Instructions	Online time sheets are the preferred method for submitting time worked by your direct service worker(s). This reduces time sheet errors, ensuring your workers get paid on time. If you have internet access, please use online time sheets.
Information Update Form	This form is required to cancel direct deposit or make changes to an address, contact information or a name (must include social security card).
Rate Form	This form is required to change an employee's rate. No changes can be made without this form being completed. No retroactive changes are allowed.
Termination Form	This form is required to be submitted to Continuum when you are terminating an employee. This allows Continuum to deactivate the employee.
Separation Notice	Under Georgia law, at the time of separation, you are required by the Employment Security Law, OCGA Section 34-8-190(c) to provide the employee with this document properly executed. The separation notice should contain detailed reasons for the employee's separation. Maintain a copy for your records.

**Fiscal Employer Agent
Participant Enrollment
Checklist**

Waiver Participant Name	Representative Name (if applicable)

Participant Enrollment Packet (submit to Continuum)

Check as Completed

- Participant and Representative Information Form
- Participant Agreement and Acknowledgement Form
- Authorization for Release of Information
- Power of Attorney
- Limited Power of Attorney
- CCSP Cost Share Agreement (for CCSP waivers only)

Participant Tax Forms:

1. SS-4 Form - Application for Employer Identification
2. 2678 Employer/Payer Appointment of Agent
3. Form 8821 - Tax Information Authorization
4. Employer Status Report - Dept. of Labor
5. Power of Attorney and Declaration - Dept. of Revenue

Supplemental Forms (Keep for future use)

- Payroll Calendar
- Online Time Sheet Instructions
- Information Update Form
- Rate Sheet
- Termination Form
- Separation Notice

Georgia Participant/Consumer-Directed Programs Participant and Representative Information Form

Waiver Participant Information						
Program Type (Check One)	<input type="checkbox"/> COMP	<input type="checkbox"/> NOW	<input type="checkbox"/> CCSP	<input type="checkbox"/> ICWP	<input type="checkbox"/> SOURCE	<input type="checkbox"/> NOT SURE
First Name			Last Name			
Current Address (No PO Box)				Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		
City	State		Zip Code		Phone	
Date of Birth		Medicaid#		SSN #		
Representative Information (If Applicable)						
Name						
Address						
City			State		Zip Code	
Phone			Email			
Support Coordinator Information						
Name of Support Coordinator						
Name of Support Coordinator Agency						
Region		Email			Phone	

Transferring from Another Agent? Yes No

If yes, provide numbers below. You may have to contact your current Fiscal Agent and request these numbers.

EIN# _____ DOL# _____ DOR# _____

Participant/Representative Agreement

Waiver Program (Check one) COMP NOW CCSP ICWP SOURCE

I understand by participating in the Georgia Participant/Consumer Directed Care Option I can exercise decision-making authority over some or all the services and supports I am authorized to receive. I accept responsibility for managing these services and supports; and understanding that I, or my representative, will be recognized as the legal employer for employees directly hired to provide services and responsible for paying employer taxes. This agreement authorizes Continuum Fiscal Services (Continuum) to obtain an Employer Identification Number (EIN) on my behalf, if needed. Continuum and Isolved (Reporting Agent) are authorized to represent me as an employer for employer related tax-reporting purposes including federal and state tax returns and federal and state unemployment tax returns.

I understand Continuum will manage all correspondence related to employer federal and state tax reporting including unemployment filings, supplying worker's compensation insurance for my employees and managing worker's compensation claims.

Waiver Participant Information		
Name of participant receiving waiver services:		
Address:		
City:	State:	Zip Code:
Telephone: Home ()		
Email:		
Participant 's Medicaid Number:		
Participant's Social Security Number:		
Participant's (ICD-10) Diagnosis Code:		

Representative's Information:

Name of Representative:		
Address:		
City:	State:	Zip Code:
Telephone: Home: ()		Cell: ()
Email:		
Representative's Social Security Number:		

Responsibilities:

- ❖ Manage the budget for directly hired and vendor services.
- ❖ Identify, interview and hire qualified employees.
- ❖ Verify qualifications of employees including ensuring compliance with background screening requirements prior to the person rendering a waiver-funded participant directed service.
- ❖ Complete and submit required employee and vendor documents to Continuum for processing
- ❖ Maintain an employee and vendor file on each qualified employee and vendor.
- ❖ Document re-certifications including current First Aid & CPR and submit to Continuum, if required.
- ❖ Negotiate the wage rate for employees at no more than the maximum allowed including employer taxes; complete and sign the rate sheet and submit to Continuum.
- ❖ Determine the work schedule of employees up to a maximum of forty hours (40) per week.
- ❖ Schedule employees to ensure required and authorized services will be provided and overtime will not occur.
- ❖ Authorize employee to begin work upon notification from Continuum that the employee has been cleared to work.
- ❖ Review, approve, and sign the employee's timesheets (provided by Continuum) and vendor invoices to ensure accuracy prior to submitting for payment.
- ❖ Terminate employees for just cause and notify Continuum of the dismissal via a Termination Form and provide a Separation Notice to the employer.
- ❖ Notify Continuum of any changes in the participant and/or authorized representative's information.
- ❖ Notify Continuum of any changes in the workers employment status to include wage rate of services provided, complete an amended rate form and submit for processing.

Participant Signature

Date

Representative Signature

Date

Authorization for Release of Information

I, _____ (**Participant's name**) give permission for the Georgia Department of Community Health to release confidential information about me to Continuum Fiscal Services (CFS) for the purpose of performing their fiscal agent services. The confidential information that may be disclosed to Continuum Fiscal Services includes information provided on the completed forms and information collected from the Georgia Department of Community Health (DCH).

I understand all information obtained by Continuum Fiscal Services, will be treated as confidential and my privacy rights will be protected. I understand this consent form is continuous from the date of my signature below and I may withdraw consent at any time with written notification to Continuum (CFS) and the Georgia Department of Community Health (DCH).

AGREED TO BY:

Signature

Date

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS:

That, _____(Participant) GA DOL Account No. _____

Having its principal office at _____(Participant's Address)

Hereby appoints **CONTINUUM FISCAL SERVICES** as it true and lawful agent with authority to represent the said _____(Participant) before the GA Department of Labor until further notice in connection with all matters affecting State Unemployment Insurance Taxes including with limitation, contributions. experience ratings and excluding claims.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from the Named employer relating to the subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

IN WITNESS WHEREOF. the undersigned has duly executed and delivered this Power of Attorney this ____ day of _____, 20 ____.

Employer's Name

Signature

Print or Type Name

Title: Household Employer

It is respectfully requested that all forms pertaining to unemployment taxes be mailed to the new ADDRESS OF RECORD as indicated below:

**Continuum Fiscal Services
260 Peachtree Street NW, Suite
1500 Atlanta, GA 30303
www.continuumfs.com**

Limited Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS:

That, _____(Participant) GA DOL Account No. _____

Having its principal office at _____(Participant's Address)

Hereby appoints **CONTINUUM FISCAL SERVICES** as its true and lawful agent with authority to represent the said _____(Participant) before the GA Department of Labor until further notice in connection with all matters affecting State Unemployment Insurance Taxes including, with limitation, tax contributions, experience ratings, but excluding claims.

This Power of Attorney supersedes and revokes any prior power of attorney authorization from the undersigned relating to the subject matter hereof. The undersigned warrants that he or she is authorized to execute this Power of Attorney.

The legal mailing address of the undersigned shall remain the same. The undersigned will continue to receive all correspondence pertaining to contributions, claims and experience ratings.

IN WITNESS WHEREOF, the undersigned has duly executed and delivered this Power of Attorney

this _____ day of _____, 20____.

Employer's Name

Signature

Print or Type Name

Title: Household Employer

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

See separate instructions for each line. Keep a copy for your records.
 Go to www.irs.gov/FormSS4 for instructions and the latest information.

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)	5a Street address (if different) (Don't 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.			
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership _____ <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation _____ <input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government _____ <input type="checkbox"/> Church or church-controlled organization _____ <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government _____ <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> _____ 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)			
<input type="checkbox"/> Started new business (specify type) _____ <input type="checkbox"/> Banking purpose (specify purpose) _____ <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) _____ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business _____ <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Created a trust (specify type) _____ <input type="checkbox"/> _____ <input type="checkbox"/> 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.	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 will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>		
	Agricultural	Household	
	Other		
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.			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale—agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail <input type="checkbox"/> _____ <input type="checkbox"/> 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? <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	

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-14, and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

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

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

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

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

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

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

⁹ An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

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

(Rev. December 2023) 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're an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

Note: This appointment isn't effective until we approve your request. See the instructions for more information.

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

For IRS use:

Part 1: Why you're filing this form.

(Check one)

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

Part 2: Employer or Payer Information: Complete this part if you want to appoint an agent or revoke an appointment.

1 Employer identification number (EIN)

□	□	-	□	□	□	□	□	□	□
---	---	---	---	---	---	---	---	---	---

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

3 Trade name (if any)

4 Address

Number	Street	Suite or room number
City	State	ZIP code
Foreign country name	Foreign province/county	Foreign postal code

5 Forms for which you want to appoint an agent or revoke the agent's appointment to file. (Check all that apply.)

	For ALL employees/ payees/payments	For SOME employees/ payees/payments
Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945, Annual Return of Withheld Federal Income Tax	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1, Employer's Annual Railroad Retirement Tax Return	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2, Employee Representative's Quarterly Railroad Tax Return	<input type="checkbox"/>	<input type="checkbox"/>

* Generally, you can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

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

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

Sign your name here

Print your name here

Print your title here

Date

Best daytime phone

Now give this form to the agent to complete.

Part 3: Agent Information: If you'll be an agent for an employer or payer, or want to revoke an appointment, complete this part.

6 Agent's employer identification number (EIN)

-

7 Agent's name (not trade name)

8 Trade name (if any)

9 Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Check here if the employer is a home care service recipient receiving home care services through a program administered by a federal, state, or local government agency.

Under penalties of perjury, I declare that I have examined this form and any attachments, and to the best of my knowledge and belief, they are true, correct, and complete.

Sign your name here

Print your name here

Print your title here

Date

/ /

Best daytime phone

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. See instructions.

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 6.

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

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

Name and address	CAF No. _____
	PTIN _____
	Telephone No. _____
	Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee 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

4 Specific use not recorded on the 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 line 5 ▶

5 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 5 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 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

▶ IF NOT COMPLETED, 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	Title (if applicable)

EMPLOYER STATUS REPORT

READ INSTRUCTIONS BEFORE COMPLETION OF FORM

1. ENTER OR CORRECT BUSINESS NAME AND ADDRESS					RETURN ORIGINAL WITHIN 10 DAYS					
3. TRADE NAME					GEORGIA DOL ACCOUNT NUMBER (if already assigned) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>					
4. PRINCIPAL BUSINESS, FARM OR HOUSEHOLD LOCATION IN GEORGIA (Do not use a P. O. Box number)		Street Address			City		GA	Zip Code	County	Telephone Number ()
5. DATE FIRST BEGAN EMPLOYING WORKERS WITHIN STATE OF GA.		DATE OF FIRST GA. PAYROLL		6. ARE YOU LIABLE FOR FEDERAL UNEMPLOYMENT TAX? YES <input type="checkbox"/> NO <input type="checkbox"/>		FEDERAL I. D. NUMBER <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
7. HAVE YOU.....		DATE ACQUIRED OR CHANGED			DID YOU ACQUIRE.....					
Acquired another business? Yes <input type="checkbox"/> No <input type="checkbox"/>					<input type="checkbox"/> All of Georgia operations?					
Merged with another business? Yes <input type="checkbox"/> No <input type="checkbox"/>		PREDECESSOR'S GEORGIA DOL ACCOUNT NUMBER <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>			<input type="checkbox"/> Substantially all of Georgia operations (90% or more)					
Formed a corporation or partnership? Yes <input type="checkbox"/> No <input type="checkbox"/>		DOES THE FORMER OWNER CONTINUE TO HAVE EMPLOYEES? Yes <input type="checkbox"/> No <input type="checkbox"/>			<input type="checkbox"/> Part of Georgia operations (less than 90%)					
Made any other change in the ownership of your business? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain _____										
FROM WHOM? (Organization name, including trade name)					ADDRESS					
8. IF YOU HAD PRIVATE BUSINESS EMPLOYMENT: Did you, or do you expect to employ at least one worker in 20 different calendar weeks during a calendar year? Yes* <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date the 20th week first occurred or will occur: _____ Did you, or do you expect to have a quarterly payroll of \$1,500 or more? Yes* <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date this first occurred or will occur: _____					9. IF YOU HAD DOMESTIC EMPLOYMENT: Did you, or do you expect to pay cash wages of \$1,000 or more in any calendar quarter? Yes* <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date this first occurred or will occur: _____					
11. IF YOU ARE A NONPROFIT ORGANIZATION EXEMPT FROM INCOME TAX UNDER IRS CODE 501(c)(3): Did you, or do you expect to employ four or more workers in 20 different calendar weeks during a calendar year? (ATTACH COPY OF 501(c)(3) EXEMPTION LETTER) Yes* <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date the 20th week first occurred or will occur: _____					10. IF YOU HAD AGRICULTURAL EMPLOYMENT: Did you, or do you expect to employ 10 or more agricultural workers in 20 different calendar weeks during a calendar year? Yes* <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date the 20th week first occurred or will occur: _____ Did you, or do you expect to have a gross cash agricultural payroll of \$20,000 or more in any calendar quarter? Yes* <input type="checkbox"/> No <input type="checkbox"/> * If yes, show date this first occurred or will occur: _____					
12. HOW MANY EMPLOYEES do you have (or anticipate when in full operation)? <input type="text"/>										
INFORMATION ABOUT OWNER, ALL PARTNERS, OR PRINCIPAL OFFICER (ATTACH ADDITIONAL SHEET, OR SHEETS, IF NECESSARY)	Name				INFORMATION ABOUT PERSON OR FIRM WHO MAINTAINS FINANCIAL RECORDS OF BUSINESS	Name				
	Social Security Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>					Address				
	Residence Address					City				
	City		State			Zip Code		Telephone ()		
	State		Zip Code			Signature		Title		Date
Telephone ()		CERTIFICATION: I hereby certify under penalties of perjury, that the foregoing statement and those contained in any attached sheets signed by me are true and correct, and that I am authorized to execute this report on behalf of the employing unit. This report must be signed by owner, partner or principal officer.								

NATURE OF BUSINESS: Information is required on all items. Attach additional sheets, if necessary.

<p>A. How many Georgia locations do you operate? <input style="width: 40px;" type="text"/> Provide the following information for <u>each</u> location, attaching additional sheets if necessary.</p> <p>B. Check the box that best describes the industry that relates to your business activities:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Agriculture <input type="checkbox"/> Forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Construction (specify): ___ General Contractors Industrial _____% ___ Residential _____% Commercial _____% ___ Speculative Building ___ Special Trade Contractor (specify plumbing, etc.,) _____ ___ Heavy Construction (specify cable, highway, etc.,) _____ </td> <td style="width:50%; border: none; vertical-align: top;"> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation <input type="checkbox"/> Communication <input type="checkbox"/> Public Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Private Household Employer </td> </tr> </table>	<input type="checkbox"/> Agriculture <input type="checkbox"/> Forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Construction (specify): ___ General Contractors Industrial _____% ___ Residential _____% Commercial _____% ___ Speculative Building ___ Special Trade Contractor (specify plumbing, etc.,) _____ ___ Heavy Construction (specify cable, highway, etc.,) _____	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation <input type="checkbox"/> Communication <input type="checkbox"/> Public Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Private Household Employer	<p>C. Enter in order of importance and indicate approximate % of total annual income derived from each:</p> <table style="width:100%; border: none;"> <tr> <td style="width:30%;">Principal Service(s) Rendered*</td> <td style="width:10%; text-align: center;">OR</td> <td style="width:60%;">Principal Product(s) <input type="checkbox"/> Mfg. <input type="checkbox"/> Grown <input type="checkbox"/> Sold</td> </tr> <tr> <td>_____</td> <td></td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td></td> <td>_____ %</td> </tr> <tr> <td>_____</td> <td></td> <td>_____ %</td> </tr> </table> <p>* If Transportation-Trucking, indicate if interstate carrier</p> <p>D. If this report includes establishment(s) that <u>only</u> perform services for other units of the company, indicate the primary type of service or support provided. Check as many as apply:</p> <table style="width:100%; border: none;"> <tr> <td style="width:50%;">1. <input type="checkbox"/> Central Administration</td> <td style="width:50%;">3. <input type="checkbox"/> Storage (warehouse)</td> </tr> <tr> <td>2. <input type="checkbox"/> Research, development, and testing</td> <td>4. <input type="checkbox"/> Other: (specify), _____</td> </tr> </table>	Principal Service(s) Rendered*	OR	Principal Product(s) <input type="checkbox"/> Mfg. <input type="checkbox"/> Grown <input type="checkbox"/> Sold	_____		_____ %	_____		_____ %	_____		_____ %	1. <input type="checkbox"/> Central Administration	3. <input type="checkbox"/> Storage (warehouse)	2. <input type="checkbox"/> Research, development, and testing	4. <input type="checkbox"/> Other: (specify), _____
<input type="checkbox"/> Agriculture <input type="checkbox"/> Forestry <input type="checkbox"/> Fishing <input type="checkbox"/> Mining <input type="checkbox"/> Construction (specify): ___ General Contractors Industrial _____% ___ Residential _____% Commercial _____% ___ Speculative Building ___ Special Trade Contractor (specify plumbing, etc.,) _____ ___ Heavy Construction (specify cable, highway, etc.,) _____	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation <input type="checkbox"/> Communication <input type="checkbox"/> Public Utilities <input type="checkbox"/> Wholesale Trade <input type="checkbox"/> Retail Trade <input type="checkbox"/> Finance <input type="checkbox"/> Insurance <input type="checkbox"/> Real Estate <input type="checkbox"/> Services <input type="checkbox"/> Public Administration <input type="checkbox"/> Private Household Employer																		
Principal Service(s) Rendered*	OR	Principal Product(s) <input type="checkbox"/> Mfg. <input type="checkbox"/> Grown <input type="checkbox"/> Sold																	
_____		_____ %																	
_____		_____ %																	
_____		_____ %																	
1. <input type="checkbox"/> Central Administration	3. <input type="checkbox"/> Storage (warehouse)																		
2. <input type="checkbox"/> Research, development, and testing	4. <input type="checkbox"/> Other: (specify), _____																		

FOR ASSISTANCE, call the Industry Classification Unit, (404) 232-3875

IMPORTANT - This report must be filed! The law provides that all employing units shall file a report of its employment during a calendar year. For the purpose of aiding you in complying with OCGA Section 34-8-121 of the Employment Security Law, this form has been prepared to assist you in furnishing the required information. Answer all questions fully and if additional space is necessary under any item, attach signed and dated sheets which bear the words "Supplement to Form DOL-1N."

Each false statement or willful failure to furnish this report is punishable as a crime. Each day of such failure or refusal constitutes a separate offense.

The Georgia Employer Status Report is required of all employers having individuals performing services in Georgia regardless of number or duration of time.

The filing of this form is required at the time your business first had individuals performing service in Georgia, or when you acquired another legal entity, and may also be required again upon request.

NOTE: Disclosure of your social security number is mandatory. It will be used for the purpose of identification and it is required under the authority of 42 U.S.C. Section 405(c)(2)(C) and OCGA Section 34-8-121.

INSTRUCTIONS

(NUMBERS CORRESPOND TO ITEMS ON FORM)

1. Enter or correct name and address of individual owner, partners, corporation or organization. This is the address to which you authorize us to mail all reports, correspondence, etc. If you have already been assigned a Georgia Department of Labor Account Number (Ga. DOL Acct. No) by this Department, please insert the number.
2. Indicate by check mark type of organization. If a nonprofit organization, attach copy of I.R.S. letter exempting the organization from Federal Income Tax under Section 501(c)(3) of Internal Revenue Code.
3. Trade name by which business is known if different than 1.
4. Physical location of business, farm or household in Georgia if different than 1. Please include telephone number with area code.
5. Enter the first date of employment in Georgia and the first date of Georgia payroll.
6. If you are subject to the Federal Unemployment Tax Act, and are required to file Federal Form 940, answer this question "yes". Be sure to enter your Federal Employer Identification Number whether answered "yes" or "no".
7. Answer this question if you acquired this business from another employer or if after you began employing workers you have acquired other businesses; merged with other businesses; formed or dissolved partnerships, corporations, professional associations; or if any other change in the ownership of the business has occurred. Indicate the date of acquisition or change and provide all information concerning the previous owner's name, trade name, address and DOL Account Number. Indicate by checking the appropriate block the portion of the previous owner's business involved in the acquisition or change. No transfer of experience rating history can be made unless information concerning the previous owner is provided.
8. Private Business Employment - Most employment is considered private business employment. This includes all types of work except domestic service such as maids, gardeners, cooks, etc., agricultural service and service performed for governmental or nonprofit organizations.
9. Domestic employment includes all service for a person in the operation and maintenance of a private household, local college club or local chapter of a college fraternity or sorority such as chauffeurs, cooks, babysitters, gardeners, maids, butlers, private and/or social secretaries, etc. If you had such employment, consider only cash payments made to all individuals performing domestic services to determine if \$1,000 or more cash wages were paid in any calendar quarter during 1977 and subsequent quarters.
10. Consider only cash payments made to all individuals performing agricultural services to determine if \$20,000 or more cash wages were paid in any calendar quarter during 1977 and subsequent quarters.
11. Answer this question only if this business is a nonprofit organization exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code. Attach a copy of the I.R.S. letter granting this exemption. Nonprofit organizations with tax exemptions other than under Section 501(c)(3) should answer question 8, Private Business Employment.
12. Self-explanatory.

FOR ASSISTANCE, call the Adjudication Section, (404) 232-3301

RETURN ORIGINAL WITHIN TEN (10) DAYS TO:

OR

FAX TO:

Georgia Department of Labor
P O Box 740234
Atlanta, GA 30374-0234

Adjudication Section
404-232-3285



Georgia Department of Revenue
Power of Attorney and Declaration of Representative
 Submit this form through GTC (gtc.dor.ga.gov) or to the Department employee handling your inquiry.

Section 1 Taxpayer Information

Taxpayer's Name	SSN/FEIN	Telephone Number
Spouse's Name (if joint income tax return)	Spouse's SSN (if applicable)	Telephone Number (if applicable)
Mailing Address		
Spouse's Mailing Address (if different from above)		

Section 2 Representative Information

Name of Person Given Power of Attorney	Telephone Number	Email Address
Mailing Address		
Name of Person Given Power of Attorney	Telephone Number	Email Address
Mailing Address		

Section 3 Tax Matters

The representative is authorized to represent the taxpayer before the Department for the following tax matters:

Tax Type(s): _____

Tax Period(s) or Tax Year(s): _____

The representative is authorized to perform on behalf of the taxpayer the following act(s) for the tax type(s) and tax period(s) or year(s) above (check all that apply):

- To make payments on behalf of the taxpayer.
- To receive, but not to endorse and collect, checks in payment of any refund of tax, penalty or interest.
- To execute waivers (and related documents) of restrictions on assessment or collection of tax deficiencies and waivers of any other rights of taxpayer.
- To execute consents extending the statutory period for assessment, collection or refund of taxes.
- To file protests and appeals from notices of assessment and to represent taxpayer in conferences and hearings.
- To execute claims for refund.
- To receive confidential information pertaining to these tax matters.
- To perform all other lawful acts on behalf of the taxpayer concerning the tax matters above.

Section 4 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 Georgia Department of Revenue for the same matters and years or periods covered by this document. If you DO NOT want to revoke a prior Power of Attorney, mark an X in this box.

Please specify which Power(s) of Attorney you wish to remain in effect by listing the authorized representative(s) below:

Section 5 Taxpayer Authorization and Signatures

- The taxpayer named in Section 1 appoints the individual(s) named in Section 2 as representative(s) for the taxpayer concerning the tax matter(s) listed in Section 3.
- The taxpayer acknowledges that it is his or her responsibility to keep the representative(s) listed in Section 2 informed of the tax matters involving the Department and that the Department is not able to send copies of correspondence directly to the representative(s).

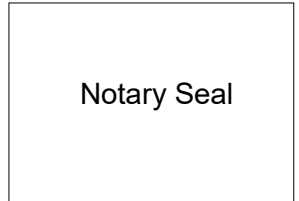
This Power of Attorney is not valid until it is signed and dated. If signed by a corporate officer, partner, member, trustee, or executor/ executrix on behalf of the taxpayer, I certify that I have the authority to execute this form on behalf of the taxpayer. I understand that to willfully prepare or present a document that is fraudulent or false is a felony under O.C.G.A. § 16-10-20.

Signature	Print Name	Date	Title (if corporate officer)
Spouse's Signature (if joint)	Print Spouse's Name	Date	

Section 6 Acknowledgment of the Power of Attorney

This Power of Attorney must be acknowledged by the taxpayer before a notary public, **unless** the appointed representative(s) is licensed to practice as an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service. If the appointed representative(s) is licensed to practice as an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service, skip Section 6 and continue to Section 7.

Acknowledgement of Power of Attorney. The person(s) signing as the taxpayer in Section 5 above appeared this day before a notary public and acknowledged this Power of Attorney as a voluntary act and deed.



Sworn and subscribed before me this _____ day of _____, 20_____.

Signature of Notary

Date

Section 7 Declaration of Representative

Under penalties of perjury, I declare that:

- I am authorized to represent the taxpayer identified in Section 1 for the matter(s) specified in Section 3 of this form; and
- I am one of the following (indicate all that apply):
 1. An attorney-at-law licensed to practice in and a member in good standing of the Bar of the jurisdiction indicated below.
 2. A certified public accountant duly qualified to practice in the jurisdiction indicated below.
 3. Enrolled as an agent to practice before the Internal Revenue Service under the requirements of Circular 230.
 4. A registered public accountant.

Designation – use number(s) from above list (1 - 4)	Licensing jurisdiction (state) or other licensing authority (if applicable)	Bar, license, certification, registration, or enrollment number	Signature	Date

Purpose of Form

A taxpayer may use Form RD-1061 to authorize an individual or individuals to represent the taxpayer before the Georgia Department of Revenue, to discuss and/or access confidential information, and to perform certain acts on behalf of the taxpayer for certain tax matters and periods. This Power of Attorney (POA) only authorizes the listed representative(s) to perform the acts indicated in this Form RD-1061. Representatives are not authorized to endorse or otherwise negotiate any check (including accepting payment by any means) issued by the Department. However, the representative(s) may make payments on behalf of the taxpayer if specifically authorized on the Form RD-1061.

Filing Instructions

Taxpayers should submit Form RD-1061 by uploading through Georgia Tax Center (GTC) (gtc.dor.ga.gov) or by sending to the Department employee handling your inquiry.

To upload to GTC: (1) Login, (2) Under "I Want To" select "See More Links", (3) Select "Submit Power of Attorney", and (4) Follow the prompts to upload the Form RD-1061.

Revocation

If you have a valid Form RD-1061 on file with the Department, the filing of a new Form RD-1061 revokes the authority of the prior representative for the same matters and periods covered by the new Form RD-1061 unless Section 4 is completed. The prior representative is still an authorized representative and retains any previously granted authority for the matters and periods not covered by the new Form RD-1061 unless specifically revoked.

If the taxpayer or representative merely wants to revoke an existing authorization, upload a copy of the previously executed Form RD-1061 on GTC with "REVOKE" clearly written on the form. If you do not have a copy of the authorization you want to revoke, upload a statement of revocation to GTC. The statement of revocation must indicate the name of each representative whose authority is revoked. To upload a revocation on GTC follow the same steps outlined above.

Specific Instructions

Section 1 – Taxpayer Information

Enter the name, address, and contact information of the taxpayer. If the taxpayer is an individual, enter the full Social Security number (SSN). If the taxpayer is a business entity, enter the Federal Employer Identification Number (FEIN). If the taxpayer is granting access to a joint return, enter the spouse's name, address, and full SSN.

Section 2 – Representative Information

Enter the representatives' names, addresses and any applicable contact information. A representative must be an individual, not a business entity. If designating authority to more than two representatives, please attach a schedule similar in form to Section 2 signed by the taxpayer.

Section 3 – Tax Matters

Enter the tax type(s) and specific period(s) or year(s) for which the authorization is being granted. The Department will only discuss and/or disclose taxpayer information for the type(s) and period(s) listed. Notices and communications will be sent to the taxpayer, not the representative. The representative may access copies of taxpayer notices and communications via third party access to the taxpayer's account through GTC.

Section 4 – Retention/Revocation of Prior Power(s) of Attorney

All existing Form RD-1061s effective for the same matters and periods covered by this document previously filed by the taxpayer **will be revoked** unless the taxpayer checks the box on this line. If the taxpayer checks this box, the taxpayer must list the representative(s) previously authorized whose Form RD-1061 they wish to remain in effect. If you check the box, but do not specify a previously authorized representative, all existing Form RD-1061s will remain in effect.

Section 5 – Taxpayer Authorization and Signature

The taxpayer must sign in Section 5 for Form RD-1061 to be effective. The table below shows who should sign for each type of taxpayer:

Taxpayer	Who Must Sign
Individuals	The individual/sole proprietor must sign (if granting access to a joint return, spouse must also sign).
Corporations	A corporate officer with authority to sign.
Partnerships	A partner having authority to act in the name of the partnership must sign.
Limited Liability Companies	A member having authority to act in the name of the company must sign.
Trusts	A trustee must sign.
Estates	An executor/executrix or the personal representative of the estate must sign.

Section 6 – Acknowledgment of the Power of Attorney

This POA must be acknowledged by the taxpayer before a notary public, **unless** an appointed representative is an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service. If an appointed representative is an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service, then Section 7 should be filled out completely instead of Section 6, which may be left blank.

Section 7 – Declaration of Representative

If an appointed representative is licensed to practice as an attorney-at-law, certified public accountant, registered public accountant, or is enrolled as an agent to practice before the Internal Revenue Service, then they may fill out Section 7 in lieu of being acknowledged by a public notary in Section 6.

Georgia Community Care Services Program (CCSP) Cost Share Payment Agreement

I, _____ (Participant) have chosen to participate in the
(Participant's printed name)

Consumer-Directed for Personal Support within the Community Care Services Program (CCSP). I am aware of my responsibility to pay my assigned cost share as determined by the Georgia Department of Community Health (DCH). My cost share has been determined to be \$_____ and must be paid by the first of the month after the personal support services have been provided.

Because the cost share amount may be adjusted from time to time, I authorize CFS to amend this agreement as needed to comply with the cost sharing payment adjustments approved by the Georgia Department of Community Health.

I agree to pay my monthly cost share to Continuum Fiscal Services (CFS), my local agent by the 1st of each month for the cost share due for that month. Payment will be made by money order or cashier's check payable to Continuum Fiscal Services, Inc.

I understand that failure to meet my cost sharing obligation may result in being suspended or terminated from the CCSP Consumer-Directed option and a possible return to the CCSP traditional option through an approved contracted agency.

I understand the above statements and conditions and I agree to pay my monthly cost share as required.

Signed:

Signature

Date

Mail to:

Continuum Fiscal Services, Inc.
260 Peachtree Street NW, Suite 1500
Atlanta, GA 30303
Phone: 678-974-7942

Georgia Participant/Consumer-Directed Care Programs

What it Costs You

It will cost you, the employer/participant, more to employ someone than just their wages. By law employers must pay an employee's federal and state unemployment taxes, worker's compensation insurance and a portion of the Medicare and Social Security taxes.

Units of Service: Your approved budget may have a specific number of units of service. When your units are in 15-minute increments, 4 units equal 1 hour. Newer budgets are approved at a \$1 = 1 unit rate.

What You Can Pay: Your budget has a maximum dollar amount that can be paid for each service you receive. This amount is used to pay the employee and your share of the mandatory employee benefits which include federal and state taxes and worker's compensation insurance. CFS calculates and pays these benefits on your behalf. The total cost of wages and benefits impacts your approved budget. To properly calculate the total wage distribution from your budget, please use the guidelines below when negotiating employee's salaries. Remember that the amount you pay your employee is their gross wage, employee's pay Medicare and Social Security taxes and complete tax withholding forms to determine the amount of state and federal income taxes to be withheld from their paycheck.

Employee Hourly Wage	Units =1 Hour, if applicable	Total Costs Per Hour (includes federal & taxes, worker's state taxes, worker's compensation)		Employee Hourly Wage	Units =1 Hour, if applicable	Total Costs Per Hour (includes federal & taxes, worker's state taxes, worker's compensation)
\$7.25	4 Units	\$8.33		\$12.00	4 Units	\$13.78
\$7.50	4 Units	\$8.61		\$12.25	4 Units	\$14.07
\$7.75	4 Units	\$8.90		\$12.50	4 Units	\$14.35
\$8.00	4 Units	\$9.19		\$12.75	4 Units	\$14.64
\$8.25	4 Units	\$9.47		\$13.00	4 Units	\$15.21
\$8.50	4 Units	\$9.76		\$13.25	4 Units	\$15.50
\$8.75	4 Units	\$10.05		\$13.50	4 Units	\$15.79
\$9.00	4 Units	\$10.33		\$13.75	4 Units	\$16.08
\$9.25	4 Units	\$10.62		\$14.00	4 Units	\$16.08
\$9.50	4 Units	\$10.91		\$14.25	4 Units	\$16.36
\$9.75	4 Units	\$11.20		\$14.50	4 Units	\$16.65
\$10.00	4 Units	\$11.48		\$14.75	4 Units	\$16.94
\$10.25	4 Units	\$11.77		\$15.00	4 Units	\$17.22
\$10.50	4 Units	\$12.06		\$15.25	4 Units	\$17.51
\$10.75	4 Units	\$12.34		\$15.50	4 Units	\$17.80
\$11.00	4 Units	\$12.63		\$15.75	4 Units	\$18.09
\$11.25	4 Units	\$12.92		Daily rates are calculated by dividing the rate on the budget by 1.1483 to identify the maximum daily rate for the employee		
\$11.50	4 Units	\$13.21				
\$11.75	4 Units	\$13.49				

The hourly wage is multiplied by 1.1483. You can also calculate the maximum hourly wage by taking the hourly rate on your budget and dividing by 1.1483.

Note: Based on 2016 rates of 14.83 (.06 FUTA, 2.7 SUTA, 3.92 Workers' Comp, 6.2 FICA and 1.45 Medicare)

Georgia Participant/Consumer-Directed Programs Employee Rate Form

Please provide your Employee's rate in the section below in accordance with your budget. Please refer to the "What it Costs You" sheet so you know how the rate affects your budget. Rate sheets must be received 1 week prior to the pay period end date. Retroactive rate changes are **NOT** allowed.

(Employer/Participant's name printed)

(Employee's name printed)

PROGRAM	SERVICE	RATE	START DATE
CCSP	01 PERSONAL SUPPORT SERVICES		
SOURCE	01 PERSONAL SUPPORT SERVICES		
COMP/ NOW	01 COMMUNITY ACCESS - GROUP		
COMP/ NOW	02 COMMUNITY ACCESS - INDIVIDUAL		
NOW	03 COMMUNITY LIVING SUPPORT - EXTENDED (3 HOURS)		
COMP	03 COMMUNITY LIVING - EXTENDED (3+ HOURS)		
COMP/ NOW	05 SUPPORTED EMPLOYMENT - INDIVIDUAL		
COMP/ NOW	06 SUPPORTED EMPLOYMENT - GROUP		
COMP/ NOW	07 RESPITE (HOURLY)		
NOW	08 RESPITE OVERNIGHT		
COMP	08.1 RESPITE OVERNIGHT (CATEGORY 1) (DAILY)		
COMP	08.2 RESPITE OVERNIGHT (CATEGORY 2) (DAILY)		
COMP/ NOW	12 BEHAVIORAL SUPPORTS		
COMP/ NOW	OT TRANSPORTATION		
ICWP	01 COMMUNITY LIVING SUPPORT - 15 MIN		

Participant/Representative Signature

Date

You must complete a new form when you wish to change an employee's hourly wage.

260 Peachtree Street, NW Suite 1500 Atlanta, GA 30303
Phone: 678-974-7942 FAX: 404-888-9142
Email: Info@ContinuumFS.com



Georgia Participant/Consumer-Directed Care Programs

2024 Payment Schedule

Timesheets must be submitted on CFS Web Portal by 12:00 (midnight). Vendor payment requests must be submitted to Continuum Fiscal Services (CFS) within 24 hours of the scheduled pay period end date. Ensure you have accurately recorded all days and hours worked on the CFS web portal. Vendor payment requests must be approved for processing.

MONTH	PAY PERIOD END DATE	SUBMIT BY DATE	PAY DATE
JANUARY	12/31/2023	01/01/2024	01/15/2024
	01/15/2024	01/16/2024	01/31/2024
FEBRUARY	01/31/2024	02/01/2024	02/15/2024
	02/15/2024	02/16/2024	02/28/2024
MARCH	02/28/2024	03/01/2024	03/15/2024
	03/15/2024	03/16/2024	03/31/2024
APRIL	03/31/2024	04/01/2024	04/15/2024
	04/15/2024	04/16/2024	04/30/2024
MAY	04/30/2024	05/01/2024	05/15/2024
	05/15/2024	05/16/2024	05/31/2024
JUNE	05/31/2024	06/01/2024	06/15/2024
	06/15/2024	06/16/2024	06/30/2024
JULY	06/30/2024	07/01/2024	07/15/2024
	07/15/2024	07/16/2024	07/31/2024
AUGUST	07/31/2024	08/01/2024	08/15/2024
	08/15/2024	08/16/2024	08/31/2024
SEPTEMBER	08/31/2024	09/01/2024	09/15/2024
	09/15/2024	09/16/2024	09/30/2024
OCTOBER	09/30/2024	10/01/2024	10/15/2024
	10/15/2024	10/16/2024	10/31/2024
NOVEMBER	10/31/2024	11/01/2024	11/15/2024
	11/15/2024	11/16/2024	11/30/2024
DECEMBER	11/30/2024	12/01/2024	12/15/2024
	12/15/2024	12/16/2024	12/31/2024

Bank holidays can cause a delay in pay dates including direct deposits.

***When payroll falls on a weekend CFS will make every effort to pay on Friday.**

If you have questions or concerns, contact our Customer Service Center at 678-974-7942 or 1-855-874-9311, Monday-Friday from 9:00 a.m. to 5:00 p.m.

To Submit Timesheets: [Input in the CFS web portal](#)