# ROBLAND
## Home Healthcare Corporation

# Instructions for Employer Enrollment Packet
## Payroll Agent Model

***If the Common Law Employer is a child please make sure to list the child's information **in the appropriate places on the these forms. For signatures, you as the Parent and/or Representative can sign your name on behalf of the child.**

**1**. **SS-4** – This is the application for you to obtain an Employer Identification Number (EIN). EIN's are issued by the IRS and used for federal tax filing and reporting purposes.

Please complete the following sections of this form:

> *Lines 1, 5a, 5b, 6, 7a, 7b*
> *Line 11 – use start date of services*
> *Line 13 - , fill in the highest number of employees you expect to have under "Household" box.*
> *Line 15 - we will complete this line.*
> *Print and sign your name at the bottom of the form, write in your telephone and fax number (if appropriate).****If you are signing this form on behalf of someone else you must include your social security # on or above the signature line.***

**2. Minnesota Application for Business Registration (ABR)** – This application is used to register your business with the state of Minnesota and to assign you a Minnesota Tax I.D. number.

Please complete the following sections of this form:

> *Page 1, Lines 4, 5 (if applicable) 6,7,8,9*
> *Page 1, Section 10 – List Common Law Employer information as business owner Page 4, Line 1 – we will complete this section*

**3. Minnesota Unemployment Insurance (UI) Registration** –This form authorizes Robland HHC to act on your behalf as your Agent for UI related matters and to register you online as a new employer for unemployment insurance.

Please complete the following sections of this form:

> *Section 1*
> *Line 2*
> *Line 9 – use SSN # of Common Law Employer.*

**4**. **Form 2678** – This form appoints Robland HHC as your Agent to file returns and make deposits or payments of employment taxes authorizes

Please complete the following sections of this form:

> *Page 1, Part 2, lines 1-4*
> *Page 1, Bottom - sign and print your name, include date and phone number.*
> *Leave page 2 Blank*

**5. REV 184** – **Power of Attorney -** This form grants Robland HHC power of attorney to act as your representative for payroll and tax related matters with the IRS. It authorizes us to inquire and request payroll/tax information on your behalf.

Please complete the following sections of this form:
- ❏ Top Section ("Print or Type") inc   *luding name, SS# and address of Common Law Employer.*
- ❏ Bottom Section ("Sign Here")    *including your signature, print name, date and phone.*

**6. Working Agreement** – This is a Working Agreement between the Common Law Employer and Robland HHC . Please read through this agreement, complete the highlighted sections and return to  Robland HHC .

**7. Form 2300** – **Notice of Privacy Practices** – This form describes Robland HHC's obligation to protect the privacy of your health information, and give you notice of our privacy practices. Please read through this form and keep for you records.

**8. Acknowledgment of Receipt of Notice of Privacy Practice** – This form acknowledges that you received a copy of our Privacy Practices. Please complete the highlighted areas and return to Robland HHC.

 **9. Consent for the Release of Information Form** – This form authorizes  Robland HHC to exchange information with designated individuals or agencies. Please complete the highlighted areas of this form and return to Robland HHC.

**If the Employer is over the age of 18 AND is unable to sign the SS-4 form for themselves, the following forms must be completed as well. Please contact your ISO Coordinator for these forms in this scenario.**

**10. Form 8821** – This form authorizes Robland HHC to inquire and request payroll/tax information from the IRS

Please complete the following sections of this form:
- ❏ *Section 1 –Include name, address, SS# and phone number for Common Law Employer*
- ❏ *Section 7 – Sign and print your name, include date.*

**11. Form 2848** – This form needs to be completed by parents, when the child is the Common Law Employer. This form gives the parent authorization to act as representative, including signing off in the forms in this packet.