FINANCIAL RESPONSIBILITIES FOR CDS VENDORS

Shawnna Kroeger, CFO

Blue Skies Home Care, LLC

16944 CR 3082

Cosby MO 64436

shawnna@blueskiescds.com

BLUE SKIES
Home Care LLC

(A)

Form **SS-4**
(Rev. December 2017)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)
▶ Go to *www.irs.gov/FormSS4* for instructions and the latest information.
▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003
EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Consumer's Name, HCSR

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

3 Executor, administrator, trustee, "care of" name
Blue Skies Home Care, LLC

4a Mailing address (room, apt., suite no. and street, or P.O. box)
2400 Frederick Ave, Ste 203

5a Street address (if different) (Do not enter a P.O. box.)
Consumer's Address

4b City, state, and ZIP code (if foreign, see instructions)
St. Joseph, MO 64506

5b City, state, and ZIP code (if foreign, see instructions)
Consumer's City, State, and Zip

6 County and state where principal business is located
County and State

7a Name of responsible party
Consumer's Name

7b SSN, ITIN, or EIN
SSN

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? . . . . . ☐ Yes ☑ No

8b If 8a is "Yes," enter the number of LLC members . . . . . ▶

8c If 8a is "Yes," was the LLC organized in the United States? . . . . . ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN) _____
☐ Partnership
☐ Corporation (enter form number to be filed) ▶ _____
☐ Personal service corporation
☐ Church or church-controlled organization
☐ Other nonprofit organization (specify) ▶ _____
☑ Other (specify) ▶ HCSR fiscal agent

☐ Estate (SSN of decedent) _____
☐ Plan administrator (TIN) _____
☐ Trust (TIN of grantor) _____
☐ Military/National Guard ☐ State/local government
☐ Farmers' cooperative ☐ Federal government
☐ REMIC ☐ Indian tribal governments/enterprises

Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated | State | Foreign country

10 **Reason for applying** (check only one box)

☐ Started new business (specify type) ▶ _____
☐ Hired employees (Check the box and see line 13.)
☐ Compliance with IRS withholding regulations
☑ Other (specify) ▶ Household Employer Fiscal Agent

☐ Banking purpose (specify purpose) ▶ _____
☐ Changed type of organization (specify new type) ▶ _____
☐ Purchased going business
☐ Created a trust (specify type) ▶ _____
☐ Created a pension plan (specify type) ▶ _____

11 Date business started or acquired (month, day, year). See instructions.
date care started

12 Closing month of accounting year December

13 Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.

Agricultural	Household	Other
	1	

14 If you expect your employment tax liability to be $1,000 or less in a full calendar year **and** want to file Form 944 annually instead of Forms 941 quarterly, check here. (Your employment tax liability generally will be $1,000 or less if you expect to pay $4,000 or less in total wages.) If you do not check this box, you must file Form 941 for every quarter. ☐

15 First date wages or annuities were paid (month, day, year). **Note:** If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) . . . . . ▶ date care started

16 Check **one** box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☑ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☐ Other (specify) ▶

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No
If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name
Blue Skies Home Care, LLC; Shawnna M Kroeger

Designee's telephone number (include area code)
816-883-8732

Address and ZIP code
16944 CR 3082, Cosby, MO 64436

Designee's fax number (include area code)
816-883-8733

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) ▶ Print Consumer's Name

Applicant's telephone number (include area code)
816-883-8732

Signature ▶ Date ▶

Applicant's fax number (include area code)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N Form **SS-4** (Rev. 12-2017)

BLUE SKIES HOME CARE LLC

B

Statement Regarding Federal Form SS-4:
Application for Employer Identification Number

The purpose of this statement is to clearly set forth Blue Skies Home Care LLC's ("Blue Skies") responsibilities with respect to the Application for Employer Identification Number (EIN).

Blue Skies will be responsible for answering questions about completion of the form.

Blue Skies will apply for the EIN online as this procedure is the quickest way to obtain the EIN so the consumer may receive Blue Skies' CDS services.

The assigned EIN will be disclosed to Blue Skies upon successful completion of the online application.

Consumer understands they will receive a computer-generated notice from the Internal Revenue Service (IRS) stating the EIN was assigned.

Certification:

I certify I have read and understand Blue Skies Home Care LLC's policy regarding the Form SS-4 Application for Employer Identification Number. I agree that by signing this statement that I am authorizing Blue Skies to apply for and receive the EIN on my behalf.

_____ _____

Consumer Signature Date

_____ _____

CDS Specialist Signature Date

Form **2848**
(Rev. January 2018)
Department of the Treasury
Internal Revenue Service

Power of Attorney and Declaration of Representative

▶ Go to *www.irs.gov/Form2848* for instructions and the latest information.

OMB No. 1545-0150

For IRS Use Only
Received by:
Name
Telephone
Function
Date / /

Part I Power of Attorney

Caution: A separate Form 2848 must be completed for each taxpayer. Form 2848 will not be honored for any purpose other than representation before the IRS.

1 Taxpayer information. Taxpayer must sign and date this form on page 2, line 7.

Taxpayer name and address	Taxpayer identification number(s)	
Customer Name Customer Address	Customer EIN Number	
	Daytime telephone number Customer Phone Number	Plan number (if applicable)

hereby appoints the following representative(s) as attorney(s)-in-fact:

2 Representative(s) must sign and date this form on page 2, Part II.

Name and address	
Ian M Gewin Blue Skies Home Care LLC 16944 CR 3082, Cosby, MO 64436 **Check if to be sent copies of notices and communications** ☑	CAF No. PTIN Telephone No. 816-662-2583 Fax No. 816-662-2525 Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address Shawnna Kroeger Blue Skies Home Care, LLC 16944 CR 3082, Cosby, MO 64436 **Check if to be sent copies of notices and communications** ☐	CAF No. PTIN Telephone No. 816-883-8732 Fax No. 816-883-8733 Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address (**Note:** IRS sends notices and communications to only two representatives.)	CAF No. PTIN Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐
Name and address (**Note:** IRS sends notices and communications to only two representatives.)	CAF No. PTIN Telephone No. Fax No. Check if new: Address ☐ Telephone No. ☐ Fax No. ☐

to represent the taxpayer before the Internal Revenue Service and perform the following acts:

3 Acts authorized (you are required to complete this line 3). With the exception of the acts described in line 5b, I authorize my representative(s) to receive and inspect my confidential tax information and to perform acts that I can perform with respect to the tax matters described below. For example, my representative(s) shall have the authority to sign any agreements, consents, or similar documents (see instructions for line 5a for authorizing a representative to sign a return).

Description of Matter (Income, Employment, Payroll, Excise, Estate, Gift, Whistleblower, Practitioner Discipline, PLR, FOIA, Civil Penalty, Sec. 5000A Shared Responsibility Payment, Sec. 4980H Shared Responsibility Payment, etc.) (see instructions)	Tax Form Number (1040, 941, 720, etc.) (if applicable)	Year(s) or Period(s) (if applicable) (see instructions)
Employment, Payroll	941, 944	
Identifying Previous EIN Number		

4 Specific use not recorded on Centralized Authorization File (CAF). If the power of attorney is for a specific use not recorded on CAF, check this box. See the instructions for **Line 4. Specific Use Not Recorded on CAF** . . . . . ▶ ☐

5a Additional acts authorized. In addition to the acts listed on line 3 above, I authorize my representative(s) to perform the following acts (see instructions for line 5a for more information): ☐ Access my IRS records via an Intermediate Service Provider;
☑ Authorize disclosure to third parties; ☑ Substitute or add representative(s); ☑ Sign a return;

☐ Other acts authorized:

b **Specific acts not authorized.** My representative(s) is (are) not authorized to endorse or otherwise negotiate any check (including directing or accepting payment by any means, electronic or otherwise, into an account owned or controlled by the representative(s) or any firm or other entity with whom the representative(s) is (are) associated) issued by the government in respect of a federal tax liability.
List any other specific deletions to the acts otherwise authorized in this power of attorney (see instructions for line 5b): _____

6 **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 Internal Revenue Service for the same matters and years or periods covered by this document. If you **do not** want to revoke a prior power of attorney, check here . . . . . ▶ ☐

YOU MUST ATTACH A COPY OF ANY POWER OF ATTORNEY YOU WANT TO REMAIN IN EFFECT.

7 **Signature of taxpayer.** If a tax matter concerns a year in which a joint return was filed, each spouse must file a separate power of attorney even if they are appointing the same representative(s). If signed by a corporate officer, partner, guardian, tax matters partner, partnership representative, executor, receiver, administrator, or trustee on behalf of the taxpayer, I certify that I have the legal authority to execute this form on behalf of the taxpayer.

▶ **IF NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THIS POWER OF ATTORNEY TO THE TAXPAYER.**

Signature	Date	Title (if applicable)

Print Name	Print name of taxpayer from line 1 if other than individual

Part II Declaration of Representative

Under penalties of perjury, by my signature below I declare that:

- I am not currently suspended or disbarred from practice, or ineligible for practice, before the Internal Revenue Service;
- I am subject to regulations contained in Circular 230 (31 CFR, Subtitle A, Part 10), as amended, governing practice before the Internal Revenue Service;
- I am authorized to represent the taxpayer identified in Part I for the matter(s) specified there; and
- I am one of the following:

a Attorney—a member in good standing of the bar of the highest court of the jurisdiction shown below.

b Certified Public Accountant—a holder of an active license to practice as a certified public accountant in the jurisdiction shown below.

c Enrolled Agent—enrolled as an agent by the Internal Revenue Service per the requirements of Circular 230.

d Officer—a bona fide officer of the taxpayer organization.

e Full-Time Employee—a full-time employee of the taxpayer.

f Family Member—a member of the taxpayer's immediate family (spouse, parent, child, grandparent, grandchild, step-parent, step-child, brother, or sister).

g Enrolled Actuary—enrolled as an actuary by the Joint Board for the Enrollment of Actuaries under 29 U.S.C. 1242 (the authority to practice before the Internal Revenue Service is limited by section 10.3(d) of Circular 230).

h Unenrolled Return Preparer—Authority to practice before the IRS is limited. An unenrolled return preparer may represent, provided the preparer (1) prepared and signed the return or claim for refund (or prepared if there is no signature space on the form); (2) was eligible to sign the return or claim for refund; (3) has a valid PTIN; and (4) possesses the required Annual Filing Season Program Record of Completion(s). ***See Special Rules and Requirements for Unenrolled Return Preparers in the instructions for additional information.***

k Qualifying Student—receives permission to represent taxpayers before the IRS by virtue of his/her status as a law, business, or accounting student working in an LITC or STCP. See instructions for Part II for additional information and requirements.

r Enrolled Retirement Plan Agent—enrolled as a retirement plan agent under the requirements of Circular 230 (the authority to practice before the Internal Revenue Service is limited by section 10.3(e)).

▶ **IF THIS DECLARATION OF REPRESENTATIVE IS NOT COMPLETED, SIGNED, AND DATED, THE IRS WILL RETURN THE POWER OF ATTORNEY. REPRESENTATIVES MUST SIGN IN THE ORDER LISTED IN PART I, LINE 2.**

Note: For designations d-f, enter your title, position, or relationship to the taxpayer in the "Licensing jurisdiction" column.

Designation—Insert above letter (a–r).	Licensing jurisdiction (State) or other licensing authority (if applicable).	Bar, license, certification, registration, or enrollment number (if applicable).	Signature	Date

D

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

(Rev. August 2014) 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.

For IRS use:

- 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.

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) Customer Name

3 **Trade name** (if any)

4 **Address** Customer 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, 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)	☐	☐

*Generally you cannot appoint an agent to report, deposit, and pay tax 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 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.

X **Sign your name here**

Date / /

Print your name here Customer Name

Print your title here HCSR

Best daytime phone

Now give this form to the agent to complete. ➡

For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Part 3: Agent Information: If you will 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, it is true, correct, and complete.

X Sign your name here

Date / /

Print your name here

Print your title here

Best daytime phone

E

Form **2643A**

Missouri Department of Revenue
Missouri Tax Registration Application

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number (Optional)

Federal Employer I.D. Number

Answer all questions completely. Incomplete and unsigned applications will delay processing.

Reason for Application

3. Select all tax types for which you are applying:

Sales from a Missouri business location
- ☐ Retail Sales*
- ☐ Temporary Retail Sales* (Less than 191 days)
- ☐ Retail Liquor or Alcohol Sales*

Sales or Purchases from an out-of-state location
- ☐ Vendor's Use*
- ☐ Consumer's Use (Missouri purchases where tax is not collected.)

*Bond Required

Missouri Employer Withholding Tax
- ☐ Regular Withholding
- ☐ Domestic or Household Employee
- ☐ Transient Employer*

Corporate Tax
- ☐ Corporate Income
- ☐ Corporate Franchise

Reason for Applying

- ☐ New MO Registration
- ☐ Purchase of Existing Business
- ☐ Reinstating Old Business
- ☐ Converted (must have converted through the Missouri Secretary of State's office)
- ☐ Court Appointed Receiver
- ☐ Other:

Owner Information

4. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable)
Fill out this section entirely w/ customer information

Address		E-mail Address	
City	State	ZIP Code	County

If an individual is listed as the owner, you must also provide the following:

Social Security Number	Date of Birth (MM/DD/YYYY)	Telephone Number
	__ __/__ __/__ __ __ __	(__ __ __) __ __ __ - __ __ __ __

Ownership Type

5. Ownership Type ☐ Sole Proprietor ☐ Partnership ☐ Government ☐ Trust

All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office (register at **sos.mo.gov** or call (866) 223-6535). Your application will not be complete without providing the charter number issued to you by their office.

- ☐ Limited Partnership - LP Number _____
- ☐ Limited Liability Partnership - LLP Number _____
- ☐ Limited Liability Company - LLC Number _____
  Taxed as a ☐ Disregarded Entity ☐ Partnership ☐ Corporation
- ☐ Missouri Corporation - Missouri Charter No. _____
  Date Incorporated (MM/DD/YYYY) __ __/__ __/__ __ __ __
- ☐ Non-Missouri Corporation - Missouri Charter No. _____
  State of Incorporation _____ Date Registered in Missouri (MM/DD/YYYY) __ __/__ __/__ __ __ __

- ☐ Not Required to register with Missouri Secretary of State
- ☐ Other

Previous Owner Information

6. Is there a previous owner or operator for the business? ☐ Yes* ☐ No *If yes, the following section must be completed.

Select any of the following that you purchased from the previous owner: ☐ Inventory ☐ Fixtures ☐ Equipment ☐ Real Estate

☐ Other _____

Name of Previous Owner or Operator	Purchase Price / Missouri Tax Identification Number		
Physical Location of Previous Business	City	State	ZIP Code
Address of Previous Business	City	State	ZIP Code

14606010001

Mailing and Storage Address

Reporting forms and notices will be mailed to this address.

7. Address (street, rural route or P.O. Box)	City	State	ZIP Code
16944 CR 3082	Cosby	MO	64436

Company Name if different than owner: Blue Skies Home Care, LLC

Which forms do you want mailed to this address?

☒ All Tax Types ☐ Sales and Use Tax ☐ Corporate Income Tax ☐ Employer Withholding Tax

Address where you will store your tax records (do not use a P.O. Box for record storage).

8. Physical Address	City	State	ZIP Code
16944 CR 3082	Cosby	MO	64436

Officers, Partners, or Members

9. Provide the officers, partners, or members (L.L.C.) of your business who are responsible for the collection and remittance of tax. Listing individuals or entities here indicates they have direct supervision or control over tax matters. Attach list if needed.

Name (Last, First, Middle Initial)		Title	
Social Security Number	Federal Employer ID Number (FEIN)		Date of Birth (MM/DD/YYYY) ___/___/_____
Home Address		City	
State	ZIP Code	County	Title Begin Date (MM/DD/YYYY) ___/___/_____

Name (Last, First, Middle Initial)		Title	
Social Security Number	Federal Employer ID Number (FEIN)		Date of Birth (MM/DD/YYYY) ___/___/_____
Home Address		City	
State	ZIP Code	County	Title Begin Date (MM/DD/YYYY) ___/___/_____

Representatives

10. Business Tax Accounts: Identify all persons who are not a partner, member (L.L.C), or officer of the business that have direct supervision or control over tax matters whom you authorize the Department to discuss your tax matters. Attach list if needed.

Title Begin or End Date (MM/DD/YYYY)	Name (Last, First, Middle Initial)		
___/___/_____	Shawnna Kroeger		
Title: CFO	Social Security Number		Birthdate (MM/DD/YYYY) ___/___/_____
Home Address: 16944 CR 3082			
City: Cosby	State: MO	ZIP Code: 64436	County

Retail Sales, Consumer's or Vendor's Use Tax

11. Taxable Sales or Purchases Begin Date (MM/DD/YYYY) ___/___/_____

12. Temporary License (Less than 191 days) (MM/DD/YYYY)
(Example: fireworks, temporary event, etc.) Begins ___/___/_____ Ends ___/___/_____

13. Seasonal Business: If you do not make taxable sales year round, please check the months that you do.

☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

14. Estimated sales and use tax liability (select one). Your selection will determine your return filing frequency.

☐ Monthly (over $500 a month) ☐ Quarterly ($500 or less a month) ☐ Annually (less than $100 a quarter)

15. Compute the amount of bond

Estimated Monthly Taxable Sales		Tax Rate		Monthly Tax Liability		Amount of Bond*
_____	X	_____	=	_____	X 2 =	_____

Visit https://mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation/ to obtain your tax rate. *If you calculate the amount of bond to be less than $500, you are only required to submit a $25 bond. If you calculate your bond to be $500 or greater, you should submit the amount of bond figured. If the Department determines the bond is insufficient to cover your tax liability, the Director of Revenue may require you to adjust the bond amount to a level satisfactory to cover your tax liabilities or if returns are not filed timely and the taxes fully paid (see 12 CSR 10-104.020). Attach the appropriate bond form to your registration based on the type of bond checked.
Visit http://dor.mo.gov/faq/business/register.php to access frequently asked questions.

16. Type of bond (no personal or company checks) Visit http://dor.mo.gov/forms/index.php?category=13 to access bond forms.

☐ Cash Bond (Form 332) ☐ Certificate of Deposit (Form 4172) ☐ Irrevocable Letter of Credit (Form 2879) ☐ Surety Bond (Form 331)

14606020001

Business Name and Physical Location

17. Business Name (DBA name: attach list if necessary for additional locations)

Street, Highway (Do not use P.O. Box Number or Rural Route Number)		City	
County	State	ZIP Code	Business Telephone Number ( ) -

18. Will sales be made at various temporary locations in Missouri?
☐ No ☐ Yes—Attach a list of all known locations. If no Missouri location is given during initial registration, a general location will be used.

19. Is this business located inside the city limits of any city or municipality in Missouri?
To verify go to **https://mytax.mo.gov/rptp/portal/home/business/salesUseTaxRateInformation**
☐ No ☐ Yes — Specify the city: _____

20. Is this business located inside a district(s)? For example, ambulance, fire, tourism, community or transportation development.
☐ No ☐ Yes — Specify the district name(s): _____

21. Describe the business activity, stating the major products sold and services provided. Personal Care Services

☐ Retail _____% ☐ Wholesale _____% ☐ Service _____% ☐ Manufacturer ☐ Contractor ☐ Other _____

Business Activity

22. Do you make retail sales of the following items? Select all that apply.
☐ Alcoholic Beverages ☐ Alternative Nicotine ☐ Cigarettes or Other Tobacco Products ☐ Domestic Utilities
☐ E-Cigarettes or Vapor Products ☐ Food Subject to Reduced State Food Tax Rate ☐ Items Qualifying for Show Me Green Sales Tax Holiday
☐ Items Qualifying for Back-To-School Sales Tax Holiday **http://dor.mo.gov/business/sales/taxholiday/** ☐ Lead-Acid Batteries
☐ New Tires ☐ Post-Secondary Educational Textbooks ☐ Telecommunication Services
☐ Qualifying Utilities or Items Used or Consumed in Manufacturing or Mining, Research and Development, or Processing Recovered Materials.

23. Do you make retail sales of aviation jet fuel to Missouri customers? ..... ☐ Yes ☐ No
If yes, are your sales made at:
☐ A Missouri airport? ☐ A location outside Missouri and the fuel is transported into Missouri?
If yes, is the airport located in Missouri and identified on the National Plan of Integrated Airport Systems (NPIAS)? ..... ☐ Yes ☐ No
If yes, provide a list of applicable locations. _____

24. Do you use, store, or consume aviation jet fuel in Missouri where the seller does not collect tax? ..... ☐ Yes ☐ No
If yes, is the fuel stored, used, or consumed in an airport that is identified on the NPIAS? ..... ☐ Yes ☐ No
If yes, provide a list of applicable locations: _____

25. Do you lease or rent motor vehicles that were purchased sales tax exempt, to Missouri customers? ..... ☐ Yes ☐ No
If you are an out-of-state company, will you lease motor vehicles to a Missouri resident where the lease is entered into outside Missouri and the motor vehicle is delivered outside Missouri? ..... ☐ Yes ☐ No

If you are an out-of-state entity doing business in Missouri, please answer the following questions.

Out-of-State Company

26. Do you have a location or job site in Missouri? ..... ☐ Yes ☐ No
If yes, attach a list of your locations including address, city, state, zip code and indicate if the location is inside or outside the city limits. _____

27. Are orders taken from your Missouri customers by telephone, non-resident salesmen, etc.? If resident salesmen, attach a list where they live and indicate if they are inside or outside the city limits. ..... ☐ Yes ☐ No

28. Do your representatives who reside in Missouri:
A. Approve customer orders? ..... ☐ Yes ☐ No
B. Make on the spot sales? ..... ☐ Yes ☐ No
C. Maintain an inventory? ..... ☐ Yes ☐ No
D. Deliver merchandise to the customer? ..... ☐ Yes ☐ No

29. Do you have non-resident representatives, agents, or temporary employees coming into Missouri on a regular basis? ..... ☐ Yes ☐ No
If yes, define the activities performed while in Missouri. _____

30. Do you have real or tangible personal property in Missouri? ..... ☐ Yes ☐ No
If yes, please describe: _____

14606030001

Corporate Income Tax

31. Is this corporation registered with the Internal Revenue Service as a ☐ Regular or Close Corporation ☐ Sub Chapter S Corporation

32. Corporation Tax Begin Date in Missouri (MM/DD/YYYY) ___/___/_____ Corporation Taxable Year End (MM/DD) ___/___

33. Will the corporation be required to make quarterly estimated Missouri income tax payments? If the Missouri estimated tax is expected to be at least $250, or 6.25% of the Missouri taxable income, check the "Yes" box..... ☐ Yes ☐ No

Employer Withholding Tax

34. Missouri Withholding Begin Date (MM/DD/YYYY) ___/___/_____ How many of your employees will work in Missouri? 1

35. Estimated employer withholding tax liability (select one). Your selection will determine your return filing frequency.
Estimated monthly gross wages _____ X 5.9% = _____
☐ Annually (less than $100 withholding tax per quarter)
☒ Quarterly ($100 withholding tax per quarter to $499 per month)
☐ Monthly ($500 to $9,000 withholding tax per month)
☐ Quarter-Monthly (weekly) (over $9,000 withholding tax per month; required to pay electronically)

36. Does a parent company file withholding tax reports and receive full compensation for timely filed returns?..... ☐ Yes ☒ No

37. If you do not pay wages year round, please check the months that you do pay wages.
☐ January ☐ February ☐ March ☐ April ☐ May ☐ June ☐ July ☐ August ☐ September ☐ October ☐ November ☐ December

Withholding Tax Courtesy Mailing Address (a copy of all withholding tax delinquent notices will be mailed to this address)

38. Business Name (DBA name)

Street, Route or P.O. Box		City	
County	State	ZIP Code	Business Telephone Number (___)___-____

Transient Employer

39. Are you a transient employer? ..... ☐ Yes ☒ No

An employer not domiciled in Missouri and temporarily transacting business in Missouri for less than 24 consecutive months is defined as a transient employer. (Example: contractor, temporary staffing agency, etc.). For additional information, contact the Department at businesstaxregister@dor.mo.gov or call (573) 751-0459. If you have indicated that you are a transient employer, you must complete the entire Employer Withholding Tax Section above.

A transient employer must submit the following with this application:
- A completed insurance certification slip indicating Missouri as a covered state for worker's compensation
- Missouri Employment Security Account number, if hiring a Missouri resident: (first seven digits required)
- Your Missouri Certificate of Authority Number issued by the corporate division of the Missouri Secretary of State's Office
- A Transient Employer Bond not less than $5,000

Missouri Employment Security Account Number | | | | | | | |

Calculate your transient employer bond:
A. Missouri withholding tax Monthly gross wages _____ X 6% = _____ X 3 = _____ (a)
B. Missouri unemployment tax Average # of workers _____ X $7,000 = _____ X 3.38% _____ / 4 = _____ (b)
(a) _____ + (b) _____ = _____ (amount of bond - minimum $5,000)

Visit http://dor.mo.gov/forms/index.php?category=13 for bond forms.

Type of bond ☐ Cash Bond (Form 332) ☐ Certificate of Deposit (Form 4172) ☐ Irrevocable Letter of Credit (Form 2879) ☐ Surety Bond (Form 331)

Signature

Comments:

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Officer, Partners, or Members section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

Signature	Title	Date (MM/DD/YYYY) ___/___/_____
Typed or Printed Name	E-mail Address	

Confidentiality of Tax Records

Missouri Statute 32.057, RSMo, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner, partner, member, or officer who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply the Department with a power of attorney to grant the authority to release confidential information to them. Visit http://dor.mo.gov/forms to obtain a Power of Attorney (Form 2827).

Form 2643A (Revised 03-2018)

Mail to: Taxation Division
P.O. Box 357
Jefferson City, MO 65105-0357

Phone: (573) 751-5860
Fax: (573) 522-1722
E-mail: businesstaxregister@dor.mo.gov

Visit http://dor.mo.gov/business/register/ for additional information.

14606040001

(G)

Blue Skies Home Care LLC

16944 CR 3082 Cosby, Missouri 64436 Phone (816) 883-8732

Customer Name
Customer Address

Date

Old Provider Name
Old Provider Address
Old Provider Fax Number

To Whom It May Concern,

My name is **Customer Name** and my Social Security number is **Customer SS#**. I have an established Federal Employer Identification Number and an established Missouri Tax Identification Number, but I don't know them. I have changed fiscal intermediaries to Blue Skies Home Care, LLC and they need that number to properly make withholdings deposits to my employer accounts.

Please mail or fax a copy of my notification letter (or other documents) with my FEIN and my MO EIN to my current fiscal intermediary:

Blue Skies Home Care, LLC
16944 CR 3082
Cosby, MO 64436
Fax: 816-883-8733

Thank you for your assistance with this matter.

Sincerely,

Customer Name

H

950117

Form **941 for 2018: Employer's QUARTERLY Federal Tax Return**
(Rev. January 2018) Department of the Treasury — Internal Revenue Service

OMB No. 1545-0029

Employer identification number (EIN) ☐☐ – ☐☐☐☐☐☐☐

Name *(not your trade name)*

Trade name *(if any)*

Address
Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Report for this Quarter of 2018
(Check one.)

☐ **1:** January, February, March
☐ **2:** April, May, June
☐ **3:** July, August, September
☐ **4:** October, November, December

Go to *www.irs.gov/Form941* for instructions and the latest information.

Read the separate instructions before you complete Form 941. Type or print within the boxes.

Part 1: Answer these questions for this quarter.

1	**Number of employees who received wages, tips, or other compensation for the pay period including: *Mar. 12* (Quarter 1), *June 12* (Quarter 2), *Sept. 12* (Quarter 3), or *Dec. 12* (Quarter 4)**			1	
2	**Wages, tips, and other compensation**			2	▪
3	**Federal income tax withheld from wages, tips, and other compensation**			3	▪
4	**If no wages, tips, and other compensation are subject to social security or Medicare tax**			☐ **Check and go to line 6.**	
		Column 1		**Column 2**	
5a	**Taxable social security wages**	▪	× 0.124 =	▪	
5b	**Taxable social security tips**	▪	× 0.124 =	▪	
5c	**Taxable Medicare wages & tips.**	▪	× 0.029 =	▪	
5d	**Taxable wages & tips subject to Additional Medicare Tax withholding**	▪	× 0.009 =	▪	
5e	**Add Column 2 from lines 5a, 5b, 5c, and 5d**			5e	▪
5f	**Section 3121(q) Notice and Demand—Tax due on unreported tips** (see instructions)			5f	▪
6	**Total taxes before adjustments.** Add lines 3, 5e, and 5f			6	▪
7	**Current quarter's adjustment for fractions of cents**			7	▪
8	**Current quarter's adjustment for sick pay**			8	▪
9	**Current quarter's adjustments for tips and group-term life insurance**			9	▪
10	**Total taxes after adjustments.** Combine lines 6 through 9			10	▪
11	**Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974			11	▪
12	**Total taxes after adjustments and credits.** Subtract line 11 from line 10			12	▪
13	**Total deposits for this quarter, including overpayment applied from a prior quarter and overpayments applied from Form 941-X, 941-X (PR), 944-X, or 944-X (SP) filed in the current quarter**			13	▪
14	**Balance due.** If line 12 is more than line 13, enter the difference and see instructions			14	▪
15	**Overpayment.** If line 13 is more than line 12, enter the difference ▪ Check one: ☐ Apply to next return. ☐ Send a refund.				

▶ **You MUST complete both pages of Form 941 and SIGN it.**

Next ▪▶

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Cat. No. 17001Z Form **941** (Rev. 1-2018)

950217

Name *(not your trade name)* | Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see section 11 of Pub. 15.

16 Check one: ☐ **Line 12 on this return is less than $2,500 or line 12 on the return for the prior quarter was less than $2,500, and you didn't incur a $100,000 next-day deposit obligation during the current quarter.** If line 12 for the prior quarter was less than $2,500 but line 12 on this return is $100,000 or more, you must provide a record of your federal tax liability. If you are a monthly schedule depositor, complete the deposit schedule below; if you are a semiweekly schedule depositor, attach Schedule B (Form 941). Go to Part 3.

☐ **You were a monthly schedule depositor for the entire quarter.** Enter your tax liability for each month and total liability for the quarter, then go to Part 3.

Tax liability:	**Month 1**	.
	Month 2	.
	Month 3	.
Total liability for quarter		. **Total must equal line 12.**

☐ **You were a semiweekly schedule depositor for any part of this quarter.** Complete Schedule B (Form 941), Report of Tax Liability for Semiweekly Schedule Depositors, and attach it to Form 941.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

17 If your business has closed or you stopped paying wages . . . . . ☐ Check here, and

enter the final date you paid wages / / .

18 If you are a seasonal employer and you don't have to file a return for every quarter of the year . . ☐ Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to the IRS. ☐☐☐☐☐

☐ No.

Part 5: Sign here. You MUST complete both pages of Form 941 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here

Print your title here

Date / /

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed . . . ☐

Preparer's name		PTIN	
Preparer's signature		Date	/ /
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

I

Form 944 for 2017: Employer's ANNUAL Federal Tax Return

Department of the Treasury — Internal Revenue Service

OMB No. 1545-2007

Employer identification number (EIN) ☐☐ – ☐☐☐☐☐☐☐

Name *(not your trade name)*

Trade name *(if any)*

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Who Must File Form 944

You must file annual Form 944 instead of filing quarterly Forms 941 **only if the IRS notified you in writing.**

Go to *www.irs.gov/Form944* for instructions and the latest information.

Read the separate instructions before you complete Form 944. Type or print within the boxes.

Part 1: Answer these questions for this year. Employers in American Samoa, Guam, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, and Puerto Rico can skip lines 1 and 2, unless you have employees who are subject to U.S. income tax withholding.

1 **Wages, tips, and other compensation** 1

2 **Federal income tax withheld from wages, tips, and other compensation** 2

3 **If no wages, tips, and other compensation are subject to social security or Medicare tax** 3 ☐ **Check and go to line 5.**

4 **Taxable social security and Medicare wages and tips:**

	Column 1		Column 2
4a Taxable social security wages		× 0.124 =	
4b Taxable social security tips		× 0.124 =	
4c Taxable Medicare wages & tips		× 0.029 =	
4d Taxable wages & tips subject to Additional Medicare Tax withholding		× 0.009 =	

4e **Add Column 2 from lines 4a, 4b, 4c, and 4d** 4e

5 **Total taxes before adjustments.** Add lines 2 and 4e 5

6 **Current year's adjustments** (see instructions) 6

7 **Total taxes after adjustments.** Combine lines 5 and 6 7

8 **Qualified small business payroll tax credit for increasing research activities.** Attach Form 8974 . 8

9 **Total taxes after adjustments and credits.** Subtract line 8 from line 7 9

10 **Total deposits for this year, including overpayment applied from a prior year and overpayments applied from Form 944-X, 944-X (SP), 941-X, or 941-X (PR)** 10

11 **Balance due.** If line 9 is more than line 10, enter the difference and see instructions 11

12 **Overpayment.** If line 10 is more than line 9, enter the difference Check one: ☐ Apply to next return. ☐ Send a refund.

▶ **You MUST complete both pages of Form 944 and SIGN it.**

Next ▶

For Privacy Act and Paperwork Reduction Act Notice, see the back of the Payment Voucher.

Name *(not your trade name)* | Employer identification number (EIN)

Part 2: Tell us about your deposit schedule and tax liability for this year.

13 Check one: ☐ **Line 9 is less than $2,500. Go to Part 3.**

☐ **Line 9 is $2,500 or more. Enter your tax liability for each month. If you are a semiweekly depositor or you accumulate $100,000 or more of liability on any day during a deposit period, you must complete Form 945-A instead of the boxes below.**

	Jan.		Apr.		Jul.		Oct.
13a	.	13d	.	13g	.	13j	.
	Feb.		May		Aug.		Nov.
13b	.	13e	.	13h	.	13k	.
	Mar.		Jun.		Sep.		Dec.
13c	.	13f	.	13i	.	13l	.

Total liability for year. Add lines 13a through 13l. Total must equal line 9. **13m** .

Part 3: Tell us about your business. If question 14 does NOT apply to your business, leave it blank.

14 If your business has closed or you stopped paying wages...

☐ Check here and enter the final date you paid wages.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ Yes. Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS. ☐ ☐ ☐ ☐ ☐

☐ No.

Part 5: Sign Here. You MUST complete both pages of Form 944 and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X **Sign your name here**

Print your name here

Print your title here

Date

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name		PTIN	
Preparer's signature		Date	
Firm's name (or yours if self-employed)		EIN	
Address		Phone	
City	State	ZIP code	

J

Form **MO-941**

Missouri Department of Revenue
Employer's Return of Income Taxes Withheld

Department Use Only (MM/DD/YY)

☐ Amended Return

☐ Address Change - In the event your mailing address or primary business location changed, please complete the Registration or Exemption Change Request (Form 126) and submit it with your return.

Filing Frequency

Missouri Tax I.D. Number

Federal Employer I.D. Number

Reporting Period (MM/YY)

Business Name

Address

City

State

ZIP -

Final Return

If this is your final return, enter the close date below and check the reason for closing your account.

Date Closed (MM/DD/YY)

☐ Out Of Business ☐ Sold Business

☐ Filed under Professional Employer Organization (PEO)

PEO Name _____

1.	Withholding this period	1 .00
2.	Compensation deduction	2 .00
3.	Existing credit(s) or overpayment(s)	3 .00
4.	Balance due	4 .00
5.	Additions to tax (see instructions)	5 .00
6.	Interest (see instructions)	6 .00
7.	Total amount due (U. S. Funds only) or overpaid	7 .00
	Department Use Only	.00

Signature

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Signature

Printed Name

Title

Date Signed (MM/DD/YY)

Visit our website at **http://dor.mo.gov/business/payonline.php** to e-file this return.

E-filing provides a fast and secure way for you to transmit your return and any applicable payment to the Department of Revenue. All transactions provide a confirmation number which you can keep for your records to verify that your filing has been received. E-filing also eliminates the need to physically mail your return and payment.

See page 2 for instructions on completing Form MO-941.

Mail to: Taxation Division
P.O. Box 999
Jefferson City, MO 65108-0999

Phone: (573) 751-8750
Fax: (573) 522-6816
E-mail: withholding@dor.mo.gov

For more information, visit http://dor.mo.gov/business/withhold/.

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EAU4

MISSOURI DIVISION OF EMPLOYMENT SECURITY
UNEMPLOYMENT INSURANCE TAX
P.O. Box 59, Jefferson City, MO 65104-0059 573-751-1995

QUARTERLY CONTRIBUTION AND WAGE REPORT

File online at uinteract.labor.mo.gov

1. EMPLOYER NAME AND ADDRESS

2. MO EMPLOYER ACCOUNT NO.	YEAR	AUDIT BLOCK (DO NOT USE)
3. CALENDAR QUARTER 1st ☐ 2nd ☐ 3rd ☐ 4th ☐		Date Paid
MUST HAVE AMOUNTS IN 4, 5, & 6, EVEN IF ZERO		
4. TOTAL WAGES PAID		
5. WAGES PAID IN EXCESS OF PER WORKER PER YEAR (See Instruction Sheet)		
6. TAXABLE WAGES (Item 4 Minus Item 5)		
7. TAXES DUE (Multiply Item 6 by Your Rate)		
8. INTEREST ASSESSMENT DUE TO FEDERAL ADVANCES		
9. INTEREST CHARGES OF PER MONTH IF PAID AFTER		
10. LATE REPORT PENALTY CHARGES (See Item 15 to the Left)		
11. OUTSTANDING AMOUNTS AS OF		
12. TOTAL PAYMENT		

14. FEDERAL ID NUMBER _____

If mailing, return this page with remittance to:
Division of Employment Security
P.O. Box 888
Jefferson City, MO 65102-0888
Make check payable to Division of Employment Security or pay online at uinteract.labor.mo.gov

15. THIS REPORT IS DUE BY
GREATER OF 10% OR $100 PENALTY AFTER
GREATER OF 20% OR $200 PENALTY AFTER

Place X in applicable box and complete "Employer Change Request."
☐ Business Sold ☐ Employment Ceased ☐ Change of Address

13. FOR EACH MONTH, ENTER THE NUMBER OF COVERED WORKERS WHO WORKED OR RECEIVED PAY FOR THE PERIOD THAT INCLUDES THE 12TH OF THE MONTH.
1st ☐ 2nd ☐ 3rd ☐

(Please Print) I certify that the information contained in this report, including name and address in Item 1, is true and correct.

TAXPAYER OR PREPARER _____ TITLE _____ PHONE _____

16. SSN	17. First Name	Middle Initial	Last Name	18. Total Wages	19. Multi-state	20. Proba-tionary	Proba-tionary Start Date	Proba-tionary End Date
21. PAGE OF PAGES			TOTAL THIS PAGE					

THIS FORM IS READ BY A MACHINE. PLEASE TYPE OR PRINT THIS REPORT.

Missouri Division of Employment Security is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TDD/TTY: 800-735-2966 Relay Missouri: 711

MODES-4 (03-18)
UITax

M

DO NOT STAPLE

33333	a Control number	For Official Use Only ▶ OMB No. 1545-0008

b Kind of Payer (Check one)	941 ☐	Military ☐	943 ☐	944 ☐	Kind of Employer (Check one)	None apply ☐	501c non-govt. ☐	Third-party sick pay (Check if applicable) ☐
	CT-1 ☐	Hshld. emp. ☐	Medicare govt. emp. ☐			State/local non-501c ☐	State/local 501c ☐	Federal govt. ☐

c Total number of Forms W-2	d Establishment number	1 Wages, tips, other compensation	2 Federal income tax withheld
e Employer identification number (EIN)		3 Social security wages	4 Social security tax withheld
f Employer's name		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
		9	10 Dependent care benefits
g Employer's address and ZIP code		11 Nonqualified plans	12a Deferred compensation
h Other EIN used this year		13 For third-party sick pay use only	12b
15 State	Employer's state ID number	14 Income tax withheld by payer of third-party sick pay	
16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax
Employer's contact person		Employer's telephone number	For Official Use Only
Employer's fax number		Employer's email address	

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

Signature ▶ Title ▶ Date ▶

Form **W-3** **Transmittal of Wage and Tax Statements** **2018**

Department of the Treasury
Internal Revenue Service

Send this entire page with the entire Copy A page of Form(s) W-2 to the Social Security Administration (SSA). Photocopies are not acceptable. Do not send Form W-3 if you filed electronically with the SSA.
Do not send any payment (cash, checks, money orders, etc.) with Forms W-2 and W-3.

Reminder

Separate instructions. See the 2018 General Instructions for Forms W-2 and W-3 for information on completing this form. Do not file Form W-3 for Form(s) W-2 that were submitted electronically to the SSA.

Purpose of Form

Complete a Form W-3 Transmittal only when filing paper Copy A of Form(s) W-2, Wage and Tax Statement. Don't file Form W-3 alone. All paper forms **must** comply with IRS standards and be machine readable. Photocopies are **not** acceptable. Use a Form W-3 even if only one paper Form W-2 is being filed. Make sure both the Form W-3 and Form(s) W-2 show the correct tax year and Employer Identification Number (EIN). Make a copy of this form and keep it with Copy D (For Employer) of Form(s) W-2 for your records. The IRS recommends retaining copies of these forms for four years.

E-Filing

The SSA strongly suggests employers report Form W-3 and Forms W-2 Copy A electronically instead of on paper. The SSA provides two free e-filing options on its Business Services Online (BSO) website:

- **W-2 Online.** Use fill-in forms to create, save, print, and submit up to 50 Forms W-2 at a time to the SSA.
- **File Upload.** Upload wage files to the SSA you have created using payroll or tax software that formats the files according to the SSA's *Specifications for Filing Forms W-2 Electronically (EFW2).*

W-2 Online fill-in forms or file uploads will be on time if submitted by **January 31, 2019.** For more information, go to *www.SSA.gov/bso.* First time filers, select "*Register*"; returning filers select "*Log In.*"

When To File Paper Forms

Mail Form W-3 with Copy A of Form(s) W-2 by **January 31, 2019.**

Where To File Paper Forms

Send this entire page with the entire Copy A page of Form(s) W-2 to:

Social Security Administration
Direct Operations Center
Wilkes-Barre, PA 18769-0001

Note: If you use "Certified Mail" to file, change the ZIP code to "18769-0002." If you use an IRS-approved private delivery service, add "ATTN: W-2 Process, 1150 E. Mountain Dr." to the address and change the ZIP code to "18702-7997." See Publication 15 (Circular E), Employer's Tax Guide, for a list of IRS-approved private delivery services.

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

22222	a Employee's social security number	OMB No. 1545-0008	
b Employer identification number (EIN)		1 Wages, tips, other compensation	2 Federal income tax withheld
c Employer's name, address, and ZIP code		3 Social security wages	4 Social security tax withheld
		5 Medicare wages and tips	6 Medicare tax withheld
		7 Social security tips	8 Allocated tips
d Control number		9 Verification code	10 Dependent care benefits
e Employee's first name and initial	Last name Suff.	11 Nonqualified plans	12a Code
		13 Statutory employee ☐ Retirement plan ☐ Third-party sick pay ☐	12b Code
		14 Other	12c Code
			12d Code
f Employee's address and ZIP code			

15 State	Employer's state ID number	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form **W-2** **Wage and Tax Statement** 2018 Department of the Treasury—Internal Revenue Service

Copy 1—For State, City, or Local Tax Department

N

Form **940 for 2017: Employer's Annual Federal Unemployment (FUTA) Tax Return**

850113

Department of the Treasury — Internal Revenue Service

OMB No. 1545-0028

Employer identification number (EIN) ☐☐ – ☐☐☐☐☐☐☐

Name *(not your trade name)*

Trade name *(if any)*

Address

Number Street Suite or room number

City State ZIP code

Foreign country name Foreign province/county Foreign postal code

Type of Return
(Check all that apply.)

☐ **a.** Amended

☐ **b.** Successor employer

☐ **c.** No payments to employees in 2017

☐ **d.** Final: Business closed or stopped paying wages

Go to *www.irs.gov/Form940* for instructions and the latest information.

Read the separate instructions before you complete this form. Please type or print within the boxes.

Part 1: Tell us about your return. If any line does NOT apply, leave it blank. See instructions before completing Part 1.

1a If you had to pay state unemployment tax in one state only, enter the state abbreviation . . . 1a ☐☐

1b If you had to pay state unemployment tax in more than one state, you are a multi-state employer . . . 1b ☐ Check here. Complete Schedule A (Form 940).

2 If you paid wages in a state that is subject to CREDIT REDUCTION . . . 2 ☐ Check here. Complete Schedule A (Form 940).

Part 2: Determine your FUTA tax before adjustments. If any line does NOT apply, leave it blank.

3 Total payments to all employees . . . 3 ▪

4 Payments exempt from FUTA tax . . . 4 ▪

Check all that apply: **4a** ☐ Fringe benefits **4c** ☐ Retirement/Pension **4e** ☐ Other
4b ☐ Group-term life insurance **4d** ☐ Dependent care

5 Total of payments made to each employee in excess of $7,000 . . . 5 ▪

6 Subtotal (line 4 + line 5 = line 6) . . . 6 ▪

7 Total taxable FUTA wages (line 3 – line 6 = line 7). See instructions . . . 7 ▪

8 FUTA tax before adjustments (line 7 x 0.006 = line 8) . . . 8 ▪

Part 3: Determine your adjustments. If any line does NOT apply, leave it blank.

9 If ALL of the taxable FUTA wages you paid were excluded from state unemployment tax, multiply line 7 by 0.054 (line 7 × 0.054 = line 9). Go to line 12 . . . 9 ▪

10 If SOME of the taxable FUTA wages you paid were excluded from state unemployment tax, OR you paid ANY state unemployment tax late (after the due date for filing Form 940), complete the worksheet in the instructions. Enter the amount from line 7 of the worksheet . . . 10 ▪

11 If credit reduction applies, enter the total from Schedule A (Form 940) . . . 11 ▪

Part 4: Determine your FUTA tax and balance due or overpayment. If any line does NOT apply, leave it blank.

12 Total FUTA tax after adjustments (lines 8 + 9 + 10 + 11 = line 12) . . . 12 ▪

13 FUTA tax deposited for the year, including any overpayment applied from a prior year . . . 13 ▪

14 Balance due. If line 12 is more than line 13, enter the excess on line 14.
- If line 14 is more than $500, you must deposit your tax.
- If line 14 is $500 or less, you may pay with this return. See instructions . . . 14 ▪

15 Overpayment. If line 13 is more than line 12, enter the excess on line 15 and check a box below 15 ▪

▶ You **MUST** complete both pages of this form and **SIGN** it. Check one: ☐ Apply to next return. ☐ Send a refund.

Next ▶

850212

Name *(not your trade name)* | Employer identification number (EIN)

Part 5: Report your FUTA tax liability by quarter only if line 12 is more than $500. If not, go to Part 6.

16 Report the amount of your FUTA tax liability for each quarter; do NOT enter the amount you deposited. If you had no liability for a quarter, leave the line blank.

16a	**1st quarter** (January 1 – March 31)	**16a**	.
16b	**2nd quarter** (April 1 – June 30)	**16b**	.
16c	**3rd quarter** (July 1 – September 30)	**16c**	.
16d	**4th quarter** (October 1 – December 31)	**16d**	.
17	**Total tax liability for the year** (lines 16a + 16b + 16c + 16d = line 17)	**17**	.

Total must equal line 12.

Part 6: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

☐ **Yes.** Designee's name and phone number

Select a 5-digit Personal Identification Number (PIN) to use when talking to IRS

☐ **No.**

Part 7: Sign here. You MUST complete both pages of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that no part of any payment made to a state unemployment fund claimed as a credit was, or is to be, deducted from the payments made to employees. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

X Sign your name here

Print your name here

Print your title here

Date / /

Best daytime phone

Paid Preparer Use Only

Check if you are self-employed ☐

Preparer's name | PTIN

Preparer's signature | Date / /

Firm's name (or yours if self-employed) | EIN

Address | Phone

City | State | ZIP code

Form 940-V, Payment Voucher

Purpose of Form

Complete Form 940-V if you're making a payment with Form 940. We will use the completed voucher to credit your payment more promptly and accurately, and to improve our service to you.

Making Payments With Form 940

To avoid a penalty, make your payment with your 2017 Form 940 **only if** your FUTA tax for the fourth quarter (plus any undeposited amounts from earlier quarters) is $500 or less. If your total FUTA tax after adjustments (Form 940, line 12) is more than $500, you must make deposits by electronic funds transfer. See *When Must You Deposit Your FUTA Tax?* in the Instructions for Form 940. Also see sections 11 and 14 of Pub. 15 for more information about deposits.

CAUTION *Use Form 940-V when making any payment with Form 940. However, if you pay an amount with Form 940 that should've been deposited, you may be subject to a penalty. See* Deposit Penalties *in section 11 of Pub. 15.*

Specific Instructions

Box 1—Employer Identification Number (EIN). If you don't have an EIN, you may apply for one online by visiting the IRS website at *www.irs.gov/EIN*. You may also apply for an EIN by faxing or mailing Form SS-4 to the IRS. If you haven't received your EIN by the due date of Form 940, write "Applied For" and the date you applied in this entry space.

Box 2—Amount paid. Enter the amount paid with Form 940.

Box 3—Name and address. Enter your name and address as shown on Form 940.

- Enclose your check or money order made payable to "United States Treasury." Be sure to enter your EIN, "Form 940," and "2017" on your check or money order. Don't send cash. Don't staple Form 940-V or your payment to Form 940 (or to each other).
- Detach Form 940-V and send it with your payment and Form 940 to the address provided in the Instructions for Form 940.

Note: You must also complete the entity information above Part 1 on Form 940.

▼ **Detach Here and Mail With Your Payment and Form 940.** ▼

Form **940-V**
Department of the Treasury
Internal Revenue Service

Payment Voucher

▶ **Don't staple or attach this voucher to your payment.**

OMB No. 1545-0028

2017

1 Enter your employer identification number (EIN).	2 **Enter the amount of your payment.** ▶ Make your check or money order payable to "United States Treasury"	Dollars	Cents
	3 Enter your business name (individual name if sole proprietor).		
	Enter your address.		
	Enter your city, state, and ZIP code or your city, foreign country name, foreign province/county, and foreign postal code.		

0

Form MO W-3

Missouri Department of Revenue
Transmittal of Tax Statements

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Federal Employer I.D. Number

Do not send payment with this form. If you have withholding tax due, use **Form MO-941**.

☐ W-3 Corrected

☐ Check this box if you participate in the Combined Federal/State Filing (CF/SF) Program

Tax Year

Number of W-2(s)

Number of 1099-R(s)

Name

Address

City

State

ZIP

1. Total Missouri Income Tax Withheld.....	1	.00
2. Third-Party Payer of Sick Pay Only (See instructions below).	2	.00
3. Employers Only (See instructions below)	3	.00

Third-Party Payer Name

Third-Party Payer FEIN

Signature

I have direct control, supervision, or responsibility for filing this report. Under penalties of perjury, I declare it is a true, accurate, and complete report.

Authorized Signature

Printed Name

Title

Date Signed (MM/DD/YY)

Instructions

1. Total Missouri Income Tax Withheld-Enter total Missouri withholding reported on payee statements issued under this withholding account number (e.g. Box 17 of federal Form W-2or Line 12 of federal Form 1099-R).
2. Third-Party Payer of Sick Pay - Complete Line 2 if you are a third-party payer of sick pay. Enter the amount of withholding, if any, included on your monthly, quarterly, or annual returns that is reported on Annual Wage Statements (Form W-2) issued directly by the employer to employees.
3. Employers Only - Complete Line 3 if you issue Form W-2(s) that includes withholding remitted to Missouri by third-party payer. Enter the third-party payer name and I.D. number in spaces provided.
   - For employers with less than 250 employees, you may send all Form W-2(s) and 1099-R(s) via paper, compact disc or flash drive.
   - For employers with 250 or more employees, you must report on a compact disc or flash drive and submit a paper Form MO W-3 to the Missouri Department of Revenue. Specifications for paperless reporting are provided in the Employer's Tax Guide, which is provided on our website. To obtain an Employer's Tax Guide (Form 4282), access http://dor.mo.gov/forms/ or call (800) 877-6881.Information should be labeled with the name and account number of the employer.

NOTE: The Department will not provide notification when the information is processed; nor will the Department return compact discs or flash drives to the employer.

If you discover an error has occurred on a previously filed Employer's Return of Income Tax Withheld (Form MO-941) or an error in Line 17 on the original W-2(s), you must correct it by remitting an amended Form MO-941. This form must be used to increase or decrease any previously reported tax amounts. Attach a copy of the Form W-2C(s) to Form MO W-3 and check the box indicated for submitting. Enter the total new correct amount for all Form W-2(s) in both boxes.

NOTE: Do not send copies of W-2C(s) if no change in withholding tax liability.

The Transmittal of Tax Statements (Form MO W-3), copies of all Forms W-2(s) and 1099-R(s) (Copy1), the compact disc, or flash drive is due on or before the last day of February, after all of your withholding tax returns have been filed. If the due date falls on a Saturday, Sunday, or legal holiday, the Form MO W-3, will be considered timely if postmarked on the next business day.

Mail to: Taxation Division
P.O. Box 3330
Jefferson City, MO 65105-3330

Phone: (573) 751-8750
Fax: (573) 522-6816
E-mail: withholding@dor.mo.gov

Visit http://dor.mo.gov/business/withhold/ for more information.

14211010001

Blue Skies Home Care LLC
Customer Termination Form

Customer Name:

DCN:

Date Closed:

Reason Closed:

BLUE SKIES HOME CARE LLC
16944 CR 3082
Cosby, MO 64436

Date

Consumer
Consumer Street Address
Consumer City, State, Zip

Dear *Consumer Name*:

As you are no longer receiving Consumer Directed Services (CDS) through Blue Skies Home Care LLC, we are forwarding your employer identification numbers noted below for your records.

FEIN (Federal Employer Identification Number):

MO EIN (Missouri Employer Identification Number):

DES (Missouri Division of Employment Security):

LOCAL (where applicable):

If you chose to transfer your CDS services to another CDS vendor, please be sure to share the following information with your new CDS vendor.

If you have questions regarding the information contained in this letter, you may contact the Financial Department toll-free at 1-855-BLU-SKY2 (1-855-258-7592).

Sincerely,

Shawnna Kroeger
Chief Financial Officer

c: consumer case file

BLUE SKIES HOME CARE LLC
16944 CR 3082
Cosby, MO 64436
816-883-8732

BLUE SKIES Home Care LLC

R

August 15, 2018

To Whom It May Concern:

We, Blue Skies Home Care LLC, EIN XX-XXXXXX, no longer wish to act as agent for the employer/payers listed below. We are requesting the account to be closed due to **reason listed on closure letter.**

Customer Name
16944 CR 3082
Cosby, MO 64436
EIN:
Effective date closed:
Wages last paid:

Thank you for your assistance in this matter. Please contact our office if you need further clarification.

Sincerely,

Shawnna M Kroeger
Chief Financial Officer
Blue Skies Home Care, LLC

Form 5633

Missouri Department of Revenue

Final Report

Complete and submit this voucher if the status of your business or sales and use tax location has changed.

Tax Type Closing (Select all that apply)

☐ Sales and Use Tax ☐ Employer Withholding Tax

Missouri Tax I.D. Number	
Business Name	
Owner's Name	
Date Account or Location Closed (MM/DD/YYYY) ___/___/_____	
Reason For Closing (select all that apply) ☐ Out of Business ☐ Sold ☐ No Employees ☐ Other (Explain) _____	
Complete This Section If Closing Only One Sales and Use Tax Location	
Physical Business Address Or Item Tax Of the Location You are Closing	

Bond Refund

If you filed a final return, paid all taxes, penalties and interest due, and have a transient employer or sales and use tax cash bond or certificate of deposit on file, you may request a return of the bond by completing the following.

Amount of Bond $			
Return Bond To:			
Name		Title	
Address	City	State	ZIP Code
Signature		Telephone Number (___)___-____	

Mail To: Taxation Division
PO Box 3300
Jefferson City, MO 65105-3300

15505010001

Form 5633 (Revised 08-2015)

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Form **SS-4**
(Rev. January 2009)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

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

▶ **See separate instructions for each line.** ▶ **Keep a copy for your records.**

OMB No. 1545-0003

EIN

Type or print clearly.

1 Legal name of entity (or individual) for whom the EIN is being requested
Vendor F/EA Name, State and Program Name "Acting as a Household Fiscal/Employer Agent per Rev. Proc. 70-6

2 Trade name of business (if different from name on line 1)
F/EA Trade Name

3 Executor, administrator, trustee, "care of" name
Complete if appropriate

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

5a Street address (if different) (Do not enter a P.O. box.)
F/EA Street Address

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
County, State

7a Name of principal officer, general partner, grantor, owner, or trustor
F/EA Principal, partner etc.

7b SSN, ITIN, or EIN
SSN for 7a

8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? . . . . . ☐ Yes ☐ No

8b If 8a is "Yes," enter the number of LLC members . . . . ▶

8c If 8a is "Yes," was the LLC organized in the United States? . . . . . ☐ Yes ☐ No

9a **Type of entity** (check only one box). **Caution.** If 8a is "Yes," see the instructions for the correct box to check.

☐ Sole proprietor (SSN) ___ ☐ Estate (SSN of decedent) ___
☐ Partnership ☐ Plan administrator (TIN) ___
☐ Corporation (enter form number to be filed) ▶ ___ ☐ Trust (TIN of grantor) ___
☐ Personal service corporation ☐ National Guard ☐ State/local government
☐ Church or church-controlled organization ☐ Farmers' cooperative ☐ Federal government/military
☐ Other nonprofit organization (specify) ▶ ___ ☐ REMIC ☐ Indian tribal governments/enterprises
☑ Other (specify) ▶ **HCSR Agent** Group Exemption Number (GEN) if any ▶

9b If a corporation, name the state or foreign country (if applicable) where incorporated — State: **Complete as appropriate** — Foreign country

10 **Reason for applying** (check only one box)

☐ Started new business (specify type) ▶ ___ ☐ Banking purpose (specify purpose) ▶ ___
☐ Changed type of organization (specify new type) ▶ ___
☐ Purchased going business
☐ Hired employees (Check the box and see line 13.) ☐ Created a trust (specify type) ▶ ___
☐ Compliance with IRS withholding regulations ☐ Created a pension plan (specify type) ▶ ___
☑ Other (specify) ▶ **HCSR Agent**

11 Date business started or acquired (month, day, year). See instructions.
Complete with mm/dd/yy

12 Closing month of accounting year **December**

13 Highest number of employees expected in the next 12 months (enter -0- if none).

Agricultural	Household	Other
		estimate

14 Do you expect your employment tax liability to be $1,000 or less in a full calendar year? ☐ Yes ☑ No (If you expect to pay $4,000 or less in total wages in a full calendar year, you can mark "Yes.")

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) . . . . . ▶ **First pay date as F/EA**

16 Check **one** box that best describes the principal activity of your business.

☐ Construction ☐ Rental & leasing ☐ Transportation & warehousing ☐ Health care & social assistance ☐ Wholesale-agent/broker
☐ Real estate ☐ Manufacturing ☐ Finance & insurance ☐ Accommodation & food service ☐ Wholesale-other ☐ Retail
☑ Other (specify) **HCSR Agent**

17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.
HCSR Agent

18 Has the applicant entity shown on line 1 ever applied for and received an EIN? ☐ Yes ☐ No
If "Yes," write previous EIN here ▶

Third Party Designee

Complete this section **only** if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.

Designee's name
Leave blank or report F/EA staff who can discuss this Form SS-4

Designee's telephone number (include area code)
( )

Address and ZIP code
F/EA Address

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) ▶ **Name of person in 7a**

Applicant's telephone number (include area code)
(FEA)

Signature ▶ Date ▶

Applicant's fax number (include area code)
(FEA)

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 16055N Form **SS-4** (Rev. 1-2009)