

This form may be used by recipients of in-home services from the Nebraska Department of Health and Human Services (DHHS) to make or revoke an appointment for DHHS to act as the employer agent for purposes of making deposits or payments of Nebraska state and federal employment taxes and other withholding taxes.

PART 1 REASON THIS FORM IS BEING USED: (Check one below)

- □ I want to appoint DHHS as my agent for reporting, depositing, and paying Nebraska State and Federal employment taxes and other withholding taxes.
- □ I want to revoke an existing appointment.

PART 2 EMPLOYER (RECIPIENT OF IN-HOME SERVICES) INFORMATION

Name			
Social Security	Number		
Telephone Num	ber		
Address	Number	Street	Ste or Apt
	City	State	Zip

I hereby authorize the DHHS to act as my agent for purposes of reporting, depositing, and paying Nebraska state and federal employment taxes and other withholding taxes, including filing the following forms:

- 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 944, 944-PR, 944-SS, 944(SP) (Employer's Annual Federal Tax Return
- Form 945 (Annual Return of Withheld Federal Income Tax)
- Form W-2
- Form 1099
- Nebraska State Unemployment (SUTA) forms

I authorize DHHS to release my Social Security Number when necessary to accomplish the purpose of this appointment.

I authorize the Nebraska Department of Labor and the Internal Revenue Service to disclose otherwise confidential information to DHHS relating to the authority granted under this appointment.

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.

Employer/Guardian Signature

Date