



NM Self/Participant Direction Employer Transition Enrollment Packet

This packet contains the required forms to transition the Financial Management Services (FMS) responsibilities from your existing vendor to Palco. The employer must complete and return all forms in this packet.

You must complete and return:

- | | |
|---|--|
| <input type="checkbox"/> Employer Authorization Agreement | <input type="checkbox"/> IRS Form 2678 |
| <input type="checkbox"/> NM ACD-31102 | <input type="checkbox"/> IRS Form 8821 |
| <input type="checkbox"/> NM ACD-31015 | <input type="checkbox"/> IRS Form 8822-B |
| <input type="checkbox"/> ES-802 | |

We encourage you to use the checklist above as a final review before you return the forms. Failure to return these forms will delay enrollment. The other documents, including information on how to complete forms, the payment schedule, Notice of Privacy Practices, and similar instructional forms, are for informational purposes only and do not need to be returned. Send completed forms by fax, email, mail, or in person to Conduent at one of the addresses below.

Fax: 866.302.6787

Email:

docprocessing@conduent.com

**Physical Address:
1720-A Randolph Rd SE
Albuquerque, NM 87106**

**Mailing Address:
PO Box 27460
Albuquerque, NM 87125-7460**

Should you need any assistance during this process, please contact the Consolidated Customer Service Center (CCSC) at 1.800.283.4465.

We look forward to serving you!



PALCO PAYMENT SCHEDULE - 2021

New Mexico Self-Direction Program

Service Period		Faxed Timesheets Due by 12 am	Online Timesheets Due by 12 pm	Payments Made by Palco by 5pm
SATURDAY	FRIDAY	SATURDAY	TUESDAY	FRIDAY
Start Date	End Date	Deadline	Deadline	Paid On
December 19, 2020	January 1, 2021	January 2, 2021	January 5, 2021	January 15, 2021
January 2, 2021	January 15, 2021	January 16, 2021	January 19, 2021	January 29, 2021
January 16, 2021	January 29, 2021	January 30, 2021	February 2, 2021	February 12, 2021
January 30, 2021	February 12, 2021	February 13, 2021	February 16, 2021	February 26, 2021
February 13, 2021	February 26, 2021	February 27, 2021	March 2, 2021	March 12, 2021
February 27, 2021	March 12, 2021	March 13, 2021	March 16, 2021	March 26, 2021
March 13, 2021	March 26, 2021	March 27, 2021	March 30, 2021	April 9, 2021
March 27, 2021	April 9, 2021	April 10, 2021	April 13, 2021	April 23, 2021
April 10, 2021	April 23, 2021	April 24, 2021	April 27, 2021	May 7, 2021
April 24, 2021	May 7, 2021	May 8, 2021	May 11, 2021	May 21, 2021
May 8, 2021	May 21, 2021	May 22, 2021	May 25, 2021	June 4, 2021
May 22, 2021	June 4, 2021	June 5, 2021	June 8, 2021	June 18, 2021
June 5, 2021	June 18, 2021	June 19, 2021	June 22, 2021	July 2, 2021
June 19, 2021	July 2, 2021	July 3, 2021	July 6, 2021	July 16, 2021
July 3, 2021	July 16, 2021	July 17, 2021	July 20, 2021	July 30, 2021
July 17, 2021	July 30, 2021	July 31, 2021	August 3, 2021	August 13, 2021
July 31, 2021	August 13, 2021	August 14, 2021	August 17, 2021	August 27, 2021
August 14, 2021	August 27, 2021	August 28, 2021	August 31, 2021	September 10, 2021
August 28, 2021	September 10, 2021	September 11, 2021	September 14, 2021	September 24, 2021
September 11, 2021	September 24, 2021	September 25, 2021	September 28, 2021	October 8, 2021
September 25, 2021	October 8, 2021	October 9, 2021	October 12, 2021	October 22, 2021
October 9, 2021	October 22, 2021	October 23, 2021	October 26, 2021	November 5, 2021
October 23, 2021	November 5, 2021	November 6, 2021	November 9, 2021	November 19, 2021
November 6, 2021	November 19, 2021	November 20, 2021	November 23, 2021	December 3, 2021
November 20, 2021	December 3, 2021	December 4, 2021	December 7, 2021	December 17, 2021
December 4, 2021	December 17, 2021	December 18, 2021	December 21, 2021	December 31, 2021
December 18, 2021	December 31, 2021	January 1, 2022	January 4, 2022	January 14, 2022

Late time submissions and mistakes may result in late payment!

2021 Office Closures

New Year's Day - Friday, January 1
 Memorial Day - Monday, May 31
 Independence Day - Monday, July 5

Labor Day - Monday, September 6
 Thanksgiving - Thursday-Friday, November 25-26
 Christmas - Friday, December 24

* Palco Office Closures



Instructions for Employer Transition Forms

Please use the instructions below to complete the attached forms in order to become an employer through the self-directed program.

- The **Authorization Agreement** outlines Palco's responsibilities as the fiscal/employer-agent and authorizes Palco to ensure compliance with the IRS and other federal and state tax authorities on the employer's behalf. Complete, sign, and date the four highlighted fields at the bottom of the page.
- The **NM ACD-31102** gives Palco the authority to provide and receive information and to perform any and all acts that they can perform on your behalf as the employer with respect to any New Mexico unemployment compensation matters. Complete, sign and date the highlighted fields on the page.
- The **NM ACD-31015** applies for a New Mexico tax identification number, as required by the State of New Mexico for anyone who engages in business. As an employer, you must register with the Taxation and Revenue Department by completing this form.

Complete the following highlighted fields:

- Box 1. Enter Employer name
- Box 4. Enter Employer FEIN/SSN
- Box 10. Enter Participant's Physical Address
- Box 15. Enter Employer SSN and Name
- Box 19. Print Employer name, Sign and Date

- The **NM ES-802** allows Conduent to inform the New Mexico Workforce Services Division the entity doing business in the state and request this status report, Report to Determine Liability. This form must be filed with the Division within 20 days from the commencement of the business even if the business entity does not have employees performing services.
- The **IRS Form 2678** appoints Palco as your agent only for the limited purposes of payment employment payroll taxes for the participant's worker. This form is prepopulated with your information.
- The **IRS Form 8821** allows Palco to correspond with the IRS on your behalf for the limited purpose of the self-directed program. This form is prepopulated with your information.
- The **IRS Form 8822B** allows Palco to change the mailing address of correspondence with the IRS to Palco. This change of address only applies to tax letters and information associated with your EIN.

*If the employer has already been setup with their state for State Unemployment Tax Act (SUTA), then a separate document must be provided with log-in credentials (including account number, current rate, user ID password, security questions, etc.) and state ID.



Employer Authorization Agreement

As the employer of record, I understand that I have certain responsibilities, such as filing and paying employment taxes for my workers and other employment-related responsibilities falling under Internal Revenue Service (IRS) guidance, Department of Labor (DOL), and agency/programmatic guidelines and regulations. Palco, Inc. will act as my agent in a limited scope and on my behalf for only the tasks related to this program and as listed below, notwithstanding approval by the IRS or other state agencies.

- To perform all duties as the Fiscal/Employer Agent as required by contract, policy regulation, federal and state statues, and other applicable rules and regulations.
- To obtain a Federal Employer Identification Number (FEIN), file IRS Form 2678 to represent me for program-related and employer-related tax purposes, file tax reports, and correspond with the IRS regarding FEINs or employer tax information.
- To establish and register me as an employer in the state in which business is conducted.
- To be my agent for the limited purposes of state and/or local income tax withholding and state unemployment tax purposes, including applying for state and/or local income tax withholding and state unemployment identification number(s), establishing online account(s) to file and pay taxes on my behalf, and receiving correspondence related to my program-related state and/or local income tax withholding and state unemployment tax account(s).
- To receive confidential information about me and receive and disburse public funds, as directed by me, the program, and the budget and/or spending plan.
- To apply for and establish workers' compensation policies and accounts, pay workers' compensation premiums, and comply with annual audit requirements, when permissible by state law and program policies.
- To provide limited information on my behalf with regards to benefits, appeals, and as required by law to fulfill tax, labor, and other disputes.
- To complete federal and state tax and labor forms as required and as related to the employer duties enumerated above.

This Authorization revokes all earlier authorizations and powers of attorney on file and shall remain in full force and effect until revoked by either party in writing. By signing below, I hereby authorize Palco, Inc. to act on my behalf for the items listed herein and attest that I understand these responsibilities and agree to the terms of this Employer Authorization Agreement.

Printed Employer Name

ID# / Last Four of SSN

Employer Signature

Date

Tax Information Authorization

Tax Disclosure

PLEASE TYPE OR PRINT IN BLACK INK

*Required Fields (If the required fields are not complete this form is VOID and the taxpayer(s) information will not be shared.)

This form will expire one, two, or three years (as selected below) from the date that this tax information authorization tax disclosure form has been signed by the authorizing individual listed below. If your authorized representative changes before that, notify the Department.

Taxpayer Information					
Name(s)*		Tax Identification Number(s)*		Reporting Period(s)*	
DBA Name(s) (if applicable)		SSN: _____		Tax Year(s): _____	
Mailing Address* PO Box 242930		SPOUSE SSN: _____		Starting Period: _____	
		FEIN: _____		Ending Period: _____	
City*	State*	Zip Code*		Effective For*	
Little Rock	AR	72223		<input type="checkbox"/> 1 Year <input type="checkbox"/> 2 Years <input checked="" type="checkbox"/> 3 Years	
Telephone Number*		Tax Program(s)*		Combined Reporting System (CRS)	
(501) 604-9936		<input type="checkbox"/> All State Taxes		<input type="checkbox"/> Gross Receipts Tax	
E-mail Address		<input type="checkbox"/> Personal Income Tax		<input type="checkbox"/> Compensating Tax	
tax@palcofirst.com		<input type="checkbox"/> Fiduciary Income Tax		<input checked="" type="checkbox"/> Withholding Tax	
Fax Number		<input type="checkbox"/> Corporate Income Tax			
501-821-0045		<input type="checkbox"/> Oil and Gas Taxes			
		<input type="checkbox"/> Other: _____			

Authorized Representative(s) Information					
Individual Representative's Name*			Additional Individual Representative's Name		
Palco, Inc			Larry Paladino		
Mailing Address*			Mailing Address		
PO Box 242930			PO Box 242930		
City*	State*	Zip Code*	City	State	Zip Code
Little Rock	AR	72223	Little Rock	AR	72223
Telephone Number*			Telephone Number		
(501) 604-9936			(501) 604-9936		
E-mail Address			E-mail Address		
tax@palcofirst.com			tax@palcofirst.com		
Fax Number			Fax Number		
501-821-0045			501-821-0045		

Authorizing Signature(s)

By signing below, I acknowledge that the authorized individual representative(s) listed above have the authority to receive Federal and State confidential information on behalf of the taxpayer listed above in tax matters related to this form per NMSA 1978, § 7-1-8 and 26 U.S.C. § 6103.

By checking this box, I (the taxpayer) am authorizing the New Mexico Taxation and Revenue Department Secretary or Secretary's delegate, to use facsimile, e-mail, or both. I understand that the fax numbers and e-mail addresses above will be used when providing confidential information.

Printed Name* _____
Household Employer (HSCR)
Title

Printed Name _____
Title _____

Signature* _____

Date* _____

Signature _____

Date _____

♦For taxpayers authorizing the Department to disclose return information for a married filing joint personal income tax return, both taxpayers must sign this form.

♦For a business or estate this form must be signed by a corporate officer, partner, or fiduciary who has been previously identified as such to the Department.

This form can be submitted at any of the district offices listed below:

Taxation and Revenue Department 1200 South St Francis Dr PO Box 5374 Santa Fe, NM 87502-5374 (505) 827-0951	Taxation and Revenue Department Bank of the West Building 5301 Central Ave. NE PO Box 8485 Albuquerque, NM 87198-8485 (505) 841-6200	Taxation and Revenue Department 2540 El Paseo, Bldg. #2 PO Box 607 Las Cruces, NM 88004-0607 (575) 524-6225	Taxation and Revenue Department 3501 E. Main St., Suite N PO Box 479 Farmington, NM 87499-0479 (505) 325-5049	Taxation and Revenue Department 400 N Pennsylvania Ave, Suite 200 PO Box 1557 Roswell, NM 88202-1557 (575) 624-6065
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Please fax to (505) 841-6327, Attention: Business Registration Unit. If you have any questions, please contact the call center at 1 (866) 285-2996

TRANSITION PACKET

BUSINESS TAX REGISTRATION

Application and Update Form (Page 1)

NM TRD ID: 0____ - _____ - 00- _____	Date Issued: _____
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Section I: Complete all applicable fields, see instructions on page 4 and 5
Please print legibly or type the information on this application.

<p>1. BUSINESS NAME _____ -HCSR</p>	<p>2. Please Check One: <input type="checkbox"/> New Registration <input type="checkbox"/> Registration Update</p>																
<p>3. DBA _____</p>	<p>4. FEIN, SSN, or ITIN _____</p>																
<p>5. Telephone Number- Business (501) 604-9936</p>	<p>6. Cell, Fax, Or Other Phone Number (501) 604-9936</p>																
<p>7. Business E-mail Address tax@palcofirst.com</p>	<p>7a. Alternate E-mail Address _____</p>																
<p>8. Type Of Ownership: (check one)</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> Bail Bonds</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Estate</td> <td><input type="checkbox"/> General Partnership</td> </tr> <tr> <td><input type="checkbox"/> Government</td> <td><input type="checkbox"/> Indian Tribe</td> <td><input checked="" type="checkbox"/> Individual -HCSR</td> <td><input type="checkbox"/> Limited Partnership</td> </tr> <tr> <td><input type="checkbox"/> Limited Liability Company (LLC)</td> <td colspan="3"><input type="checkbox"/> Non Profit Organization Exempt 501 (c) _____</td> </tr> <tr> <td><input type="checkbox"/> Risk Retention Group (RRG)</td> <td><input type="checkbox"/> S Corporation</td> <td colspan="2"><input type="checkbox"/> Trust</td> </tr> </table>		<input type="checkbox"/> Bail Bonds	<input type="checkbox"/> Corporation	<input type="checkbox"/> Estate	<input type="checkbox"/> General Partnership	<input type="checkbox"/> Government	<input type="checkbox"/> Indian Tribe	<input checked="" type="checkbox"/> Individual -HCSR	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Non Profit Organization Exempt 501 (c) _____			<input type="checkbox"/> Risk Retention Group (RRG)	<input type="checkbox"/> S Corporation	<input type="checkbox"/> Trust	
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<p>9. Mailing Address PO Box 242930 City Little Rock State AR Zip Code 72223 County _____</p>	<p>10. Physical Address _____ City _____ State _____ Zip Code _____ County _____</p>																
<p>11. Date business activity started or is anticipated to start in New Mexico: Month _____ Day _____ Year _____</p>	<p>12a. Change the business status to: (Check One) <input type="checkbox"/> Active <input type="checkbox"/> Closed Effective Date (MM/DD/CCYY): _____</p>																
<p>12b. Change the business registration status for: (Check All That Apply)</p> <table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> CRS</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/> Weight Distance Tax</td> <td><input type="checkbox"/> Workers' Compensation</td> </tr> </table>	<input type="checkbox"/> CRS	<input type="checkbox"/>	<input type="checkbox"/> Weight Distance Tax	<input type="checkbox"/> Workers' Compensation	<p>13. Select CRS Filing Status:</p> <table style="width:100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Monthly</td> <td><input type="checkbox"/> Quarterly</td> </tr> <tr> <td><input type="checkbox"/> Seasonal*</td> <td><input type="checkbox"/> Semiannual</td> </tr> <tr> <td><input type="checkbox"/> Special Event*</td> <td><input type="checkbox"/> Temporary</td> </tr> </table> <p>*If Seasonal/Special Event, indicate month(s) in which you will file (MM/DD/CCYY): _____</p>	<input checked="" type="checkbox"/> Monthly	<input type="checkbox"/> Quarterly	<input type="checkbox"/> Seasonal*	<input type="checkbox"/> Semiannual	<input type="checkbox"/> Special Event*	<input type="checkbox"/> Temporary						
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<input type="checkbox"/> Seasonal*	<input type="checkbox"/> Semiannual																
<input type="checkbox"/> Special Event*	<input type="checkbox"/> Temporary																
<p>14a. Will the business have 3 or more employees in New Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>14c. Will the business be required to obtain Workers' Compensation Insurance within 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Start Date: _____</p>																
<p>14b. Is the business a construction contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>																	

15. List Owners, Partners, Corporate Officers, Association Members, Shareholders, Managers, Officers, General Partners, and Proprietors. (Attach separate sheet if necessary)

SSN (Required)	Name	Title	Address	E-Mail Address
		HCSR Household Employer	PO Box 242930 Little Rock, AR 72223	accounting@palcofirst.com

BUSINESS TAX REGISTRATION

Application and Update Form (Page 3)

<p>36. If applicable, provide former owner's: NM TRD ID No.: _____ Business Name: _____</p>	<p>37. Are you operating any other business(es) in New Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide: NM TRD ID No. _____ Business Name: _____</p>	<p>38. Primary type of business in NM (Check all that apply)</p> <table border="0"><thead><tr><th>Add</th><th>Delete</th><th></th></tr></thead><tbody><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Accommodation, Food Services, and Drinking Places</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Administrative and Support Services</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Agriculture, Forestry, Fishing and Hunting</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Arts, Entertainment and Recreation Management</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Construction</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Educational Services</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Extraction of Natural Resources</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Finance and Insurance</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Health Care and Social Assistance</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Information</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Manufacturing</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Oil and Gas Extraction and Processing</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Professional, Scientific and Technical Services</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Real Estate and Leasing of Real Property</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Rental and Leasing of Tangible Personal Property</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Retail Trade</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Transportation and Warehousing</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Utilities</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Wholesale Trade</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Other Services</td></tr></tbody></table>	Add	Delete		<input type="checkbox"/>	<input type="checkbox"/>	Accommodation, Food Services, and Drinking Places	<input type="checkbox"/>	<input type="checkbox"/>	Administrative and Support Services	<input type="checkbox"/>	<input type="checkbox"/>	Agriculture, Forestry, Fishing and Hunting	<input type="checkbox"/>	<input type="checkbox"/>	Arts, Entertainment and Recreation Management	<input type="checkbox"/>	<input type="checkbox"/>	Construction	<input type="checkbox"/>	<input type="checkbox"/>	Educational Services	<input type="checkbox"/>	<input type="checkbox"/>	Extraction of Natural Resources	<input type="checkbox"/>	<input type="checkbox"/>	Finance and Insurance	<input type="checkbox"/>	<input type="checkbox"/>	Health Care and Social Assistance	<input type="checkbox"/>	<input type="checkbox"/>	Information	<input type="checkbox"/>	<input type="checkbox"/>	Manufacturing	<input type="checkbox"/>	<input type="checkbox"/>	Oil and Gas Extraction and Processing	<input type="checkbox"/>	<input type="checkbox"/>	Professional, Scientific and Technical Services	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate and Leasing of Real Property	<input type="checkbox"/>	<input type="checkbox"/>	Rental and Leasing of Tangible Personal Property	<input type="checkbox"/>	<input type="checkbox"/>	Retail Trade	<input type="checkbox"/>	<input type="checkbox"/>	Transportation and Warehousing	<input type="checkbox"/>	<input type="checkbox"/>	Utilities	<input type="checkbox"/>	<input type="checkbox"/>	Wholesale Trade	<input type="checkbox"/>	<input type="checkbox"/>	Other Services
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<input type="checkbox"/>	<input type="checkbox"/>	Other Services																																																															
<p>39. Is the business a Government Entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>40. Is the business a Government Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>41. Is the business a Non-Profit Hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>42. Is the business a Retail Food Store? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>																																																																	
<p>43. Is the business a Health Care Practitioner who will deduct receipts under Section 7-9-93 NMSA 1978? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please briefly explain the type of health care services provided.</p> <p>Effective date (MM/DD/CCYY): _____ Explain where the payments that will be deducted are coming from:</p>																																																																	
<p>44. Health Care Quality Surcharge: <i>See instructions</i> Is this business a health care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide: New Mexico Department of Health License Number _____ List the following: DBA: _____ Administrator Name: _____ Administrator Phone Number: _____ Administrator Email Address: _____</p>																																																																	
<p>45. Insurance Premium Tax: Is this business licensed through the Office of the Superintendent of Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide: National Association of Insurance Commissions (NAIC) Number: _____ Check all that apply: <input type="checkbox"/> Life and Health <input type="checkbox"/> Property <input type="checkbox"/> Casualty <input type="checkbox"/> Vehicle Surplus Lines? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide National Producer Number (NPN) _____ Check all that apply: <input type="checkbox"/> Agency <input type="checkbox"/> Agent <input type="checkbox"/> Broker</p>																																																																	

ES-802 Rev 03/05
 NEW MEXICO DEPARTMENT OF LABOR
 Employment Security Division/Tax Section
 P.O. Box 2281, Albuquerque, New Mexico 87103
 Telephone Number: (505) 841-8576
STATUS REPORT

DO NOT WRITE IN THIS BLOCK

Code: _____ Lia. Date: _____ # _____

Labels: _____ Cont. Accrue: _____ Rate: _____ Field Code: _____

Qtr. Lia. Incurred: _____ Sec. Law _____

ES-903s needed: _____

Complete all items on front and back of form within 10 days. Failure to complete the ES-802 form in its entirety will result in returning the form and may cause delay in processing.

--	--

If you are already registered with this agency enter account number. _____

1. Fed IRS ID # (9digits)

--	--	--	--	--	--	--	--	--	--

1a. Taxation & Revenue ID#

--	--	--	--	--	--	--	--	--	--

1b. Telephone Number (1-800 if available)

--	--	--	--	--	--	--	--	--	--

2. Legal Name [Sole Proprietor (Last Name First) or Corporation etc.]

--

2a. Business Name (d/b/a)

--

3. Mailing Address (P.O. Box, Street #, Rural Route etc.)

--

P	O		B	O	X		2	4	2	9	3	0								
City												State				Zip Code				
L	I	T	T	L	E	R	O	C	K	A	R	7	2	2	2	3				

3a. New Mexico Principle Business Location (Street Address, **only**)

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3b. Name, Address and Telephone Number where accounting records may be examined (indicate if different than answer in number 3a.)

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4. List other New Mexico businesses and their locations this entity is currently operating. Give total number of Businesses _____

Name of Business	Location	Date Started	Nature of Bus.

5. Indicate with a check mark type of organization.

- Proprietorship
 Corporation
 General Partnership
 Indian Tribe/Unit
 Non-profit
 Gov.
 Limited Partnership

- Limited Liability Partnership
 Limited Liability Company
 Other _____
- Submit a copy of Sec. of State Certificate (for Ltd Partnerships only)
 Submit Articles of Organization and IRS Election (for Ltd Liability Companies only)

5b. Name of state of incorporation _____ Date _____ NMSC NO. _____

5c. Provide a **detailed** description of the principle activity in New Mexico. (types of products or services provided and primary customer (i.e. construction of single-family dwelling or retail sale of children's clothing) Household Employer using a Fiscal/Employer Agent

5d. List owner's name, address, and **social security number** (If a partnership-list partners. If a corporation-list officers)

Last Name, First, MI	Social Security Number	Title	% of Ownership	Address

6. Does this business primarily perform support services for other units within the same company? Yes No

If the answer is yes, indicate with a ✓ check mark the type of service.

Central Administrative Office Research development or testing Storage (Warehouse)
Other _____

7. Non-profit organizations (i.e. hospitals, schools, municipalities, & counties) are applying for **Reimbursable Cost Basis Financing?**

Yes No If yes, submit Certificate of Federal Exemption **501 (c)(3)** and NMDOL's **ES-802-0**

7a. Govt. entities and Indian Tribes/Units-are you applying for **Reimbursable Cost Basis Financing?**

Yes No NMDOL will determine if additional information is needed and notify you.

8. Below provide the amount of wages you have paid, by quarter, from the date of inception, but not to exceed 16 quarters. Wages include all remuneration for services including commissions, bonuses, and tips. Also reportable are wages paid for casual and part-time employees. **If you have not paid wages and do not anticipate any in the near future, complete this form and save for your records and submit after your first payroll.** An Employer Account Number will not be issued if wages have not been paid as of the date you complete this form. If no employees or wages are anticipated, please indicate "No Employees" or "No Wages Anticipated" and a Letter of Non-Liability will be sent to you. Note: Number 8 must correspond with Number 12.

Year	Total Wages			
	First Quarter	Second Quarter	Third Quarter	Fourth Quarter

8a. Did you employ one or more persons in each of the 20 weeks of any calendar year listed in question # 8? Exclude Agricultural and Domestic workers.

Yes No

8b. Does your employment consist solely of Domestic (i.e. housekeepers, care takers etc.) workers? Yes No

8c. Does your business consist solely of Agricultural employment? Yes No

8d. If Agricultural, did you have ten (10) or more employees during the 20 weeks of any calendar year listed in question # 8? Yes No

8e. If you answered yes for question #8d, enter month and year of 20th week. _____

9. If you claim exemption for any person(s) performing services in New Mexico, furnish reason(s). _____

9a. Are these exempt wages included in question #8? Yes No If the answer is yes, give the reason below. _____

10. Are you liable for the tax imposed under FUTA? Yes No

11. Give date you acquired or started the business in New Mexico. _____

12. Give date you first paid wages in New Mexico. _____

13. If you acquired the business, furnish name, address, telephone number, and account number of predecessor.

Name of Predecessor	Address	Account # with NMDOL	Telephone Number of Predecessor

14. Did the predecessor continue to operate another business in New Mexico? (If you answered question 13 than you must answer question 14)
 Yes No (If Yes, you will be offered a Partial History Transfer. If No, request for Total History Transfer will be reviewed)

15. Are you now or have you ever been registered with the New Mexico Department of Labor? Yes No

15a. If you answered yes to question 15, give account number _____ Date suspended _____

16. **I hereby certify that all the information given in this report is true and correct to the best of my knowledge.**

HCSR

Signature and Title

Date

Remarks:

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)

3 Trade name (if any)

4 Address

PO BOX 242930

Number Street Suite or room number

LITTLE ROCK AR 72223

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
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Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<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 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

Print your name here

Print your title here

HCSR Household Employer

Date

____ / ____ / ____

Best daytime phone

501-604-9936

Now give this form to the agent to complete. ➡

Tax Information Authorization

▶ **Go to www.irs.gov/Form8821 for instructions and the latest information.**
 ▶ **Don't sign this form unless all applicable lines have been completed.**
 ▶ **Don't use Form 8821 to request copies of your tax returns or to authorize someone to represent you.**

OMB No. 1545-1165
For IRS Use Only
Received by:
Name _____
Telephone _____
Function _____
Date _____

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

Taxpayer name and address	Taxpayer identification number(s)
	Daytime telephone number (501) 604.9936
	Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. **Check here if a list of additional appointees is attached** ▶

Name and address Palco Larry Paladino PO Box 242930 Little Rock, AR 72223	CAF No. 5005-46467R PTIN P000142099 Telephone No. (501)604.9936 Fax No. (501) 821.0045 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
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3 Tax Information. Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.

By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment	SS-4, 2678,8821		
Employment	W-4, W-5		
Employment	940,941,W-2, W-3		

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ▶

- 5 Disclosure of tax information** (you **must** check a box on line 5a or 5b unless the box on line 4 is checked):
- a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ▶
- Note:** Appointees will no longer receive forms, publications, and other related materials with the notices.
- b** If you don't want any copies of notices or communications sent to your appointee, check this box ▶

6 Retention/revocation of prior tax information authorizations. If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain ▶

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or party 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 COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.**

▶ **DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.**

Signature	Date
Print Name	Household Employer (HCSR) Title (if applicable)

Change of Address or Responsible Party — Business

▶ Please type or print.
 ▶ See instructions on back. ▶ Do not attach this form to your return.
 ▶ Go to www.irs.gov/Form8822B for the latest information.

Before you begin: If you are also changing your home address, use Form 8822 to report that change.

If you are a tax-exempt organization (see instructions), check here

Check **all** boxes this change affects:

- 1 Employment, excise, income, and other business returns (Forms 720, 940, 941, 990, 1041, 1065, 1120, etc.)
- 2 Employee plan returns (Forms 5500, 5500-EZ, etc.)
- 3 Business location

4a Business name	4b Employer identification number
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5 Old mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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6 New mailing address (no., street, room or suite no., city or town, state, and ZIP code). If a P.O. box, see instructions. If foreign address, also complete spaces below, see instructions.

In Care of Palco, Inc., P.O. Box 242930 Little Rock, AR 72223

Foreign country name	Foreign province/county	Foreign postal code
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7 New business location (no., street, room or suite no., city or town, state, and ZIP code). If a foreign address, also complete spaces below, see instructions.

Foreign country name	Foreign province/county	Foreign postal code
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8 New responsible party's name

9 New responsible party's SSN, ITIN, or EIN

10 Signature
 Daytime telephone number of person to contact (optional) ▶ _____

Sign Here

Signature of owner, officer, or representative HCSR Household Employer	Date
Title	

Where To File

Send this form to the address shown here that applies to you.

IF your old business address was in . . .	THEN use this address . . .
Connecticut, Delaware, District of Columbia, Florida, Georgia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, South Carolina, Tennessee, Vermont, Virginia, West Virginia, Wisconsin	Internal Revenue Service Cincinnati, OH 45999-0023
Alabama, Alaska, Arizona, Arkansas, California, Colorado, Hawaii, Idaho, Iowa, Kansas, Louisiana, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Mexico, North Dakota, Oklahoma, Oregon, South Dakota, Texas, Utah, Washington, Wyoming, any place outside the United States	Internal Revenue Service Ogden, UT 84201-0023