

Consumer/Employer Authorization Third Party for EIN Number

I, _____ (hereafter referred to as “**Consumer**”), have chosen to authorize Northeast PA CIL dba ACES\$ (hereafter referred to as “**NEPA CIL dba ACES\$**”), to apply for and receive the Employer Identification Number (EIN) on my behalf.

I understand that I am allowing NEPA CIL dba ACES\$ to apply and receive an EIN on my behalf for Fiscal Employer Agent Functions.

In signing Internal Revenue Services (IRS) Form SS-4, “**Application for Employer Identification Number,**” **Consumer** appoints **NEPA CIL dba ACES\$** as **Consumer’s** Fiscal Agent, to assist **Consumer** in preparing payroll for **Consumer’s** employee(s) and in fulfilling **Consumer’s** federal tax obligations as an employer, pursuant to Section 3504 of the IRS Code.

The assigned EIN will be disclosed to the **Consumer** upon successful completion of the online application.

This authorization is effective as of the date it is signed and accepted by both parties. The agreement may be terminated by either party with ten (10) days written notice to the other.

Our signatures indicate that the undersigned agree to the above.

Consumer Signature _____ Date _____

Contractor/Provider Signature _____ Date _____