



ARIS Solutions -New MexiCare

Welcome to ARIS Solutions!

This packet has all the paperwork that you need to sign up as an **Employer** and hire people to be your **Employees**. It is important that you and the people that you want to hire fill out all the forms in this packet and send it back to us, at ARIS Solutions.

You will be the legal employer, but we will process payroll and issue paychecks to your employees for the work that they do.

First: you need to fill out the **Employer Packet**. This packet includes forms from the Federal government that will sign you up as an employer and allow ARIS to help you with payroll services.

The packet also has a form that tells us who has the approved services—and which services have been authorized. We can't do our job right without that information.

You don't have to put information in every box on these forms—we have highlighted the places where you need to fill out your information.

Next: work with the people you want to hire to fill out the **Employee Hiring Packet**. They need to fill out the State and Federal forms that are in this packet and send them back to us to find out if they can work for you. Once we receive a complete employee hiring packet, we will verify all documents are completed.

All employees must pass the background checks and take a state required caregiver training, through Care Academy, before you can have them start to work.

Your employee doesn't have to put information in every box on these forms—we have highlighted the places where they need to fill out their information.

Sometimes, you might have to put in some information—and sign—in the employee packet.

Once the forms are complete: They can be email them to: enrollment@arissolutions.org or mailed to:

ARIS Solutions

P.O. Box 4409

White River Jct., VT 05001

To submit your timesheets:

- * Electronic Timesheet Portal- Evvie
- * Paper timesheet mailed to the address above
- * Timesheet submitted to the online submission portal on the ARIS Solutions website



Timesheets are due every other week. A schedule is set in advance that tells you when timesheets need to be sent in and when employees will be paid.

A copy is sent to you every year when we update it. If you lose your copy, the schedule is posted on our website or you can have another copy sent to you.

Timesheets must be submitted by **11:59p Monday EST** of the week that employees are going to be paid in order to be processed timely.

If a timesheet arrives late, it will not be processed until the next regularly scheduled pay period.

And, don't forget: every employee must clear the background checks and perform required caregiver training **before** they can work for you through the New MexiCare program. If your employee works before they have passed the background check, we won't be able to pay them for those services.

After paychecks are issued: We will send you a report that tells you how much funding is left in the budget. It is really important that you read and understand this report so that you can manage services properly.

If you have questions or need help: please call us right away! We have experienced Customer Service Specialists who are available to answer questions and help fill out the forms. Our team is available Monday through Friday, from 8:00 a.m. to 4:00 p.m.

You can contact us at:

 **(800) 798-1658** or

 **enrollment@arissolutions.org**

New MexiCare Program Employer Enrollment Forms

Included in this packet are all the forms that you need to complete to sign up as an Employer. Please submit these forms to enrollment@arissolutions.org or mail to:

**ARIS Solutions
P. O. Box 4409
White River Jct., VT 05001**

You need to fill out the forms included in this packet. This packet lets ARIS Solutions work for you as your payroll provider—they include:

- Employer Appointment of Agent**-filling out this form lets us process payroll for you (*Form 2678*)
- Application for Employer Identification Number** (EIN)-all employers must have their own EIN, it's an Internal Revenue Service requirement (*Form SS-4*)
- Tax Information Authorization**-completing this form lets us report taxes on your behalf (*Form 8821*)
- Consumer/Participant-Employer Relationship Form**-links you as the employer for the budget
- Employer Responsibility Form**-signing this form shows that you understand your role as the employer.
- New Mexico Department of Labor and Department of Revenue appointment of Agent Forms**-completing these forms lets us report state taxes on your behalf.
- New Mexico Business Tax Registration Form**- **completing this appoints you an account to act as a Domestic Employer**
- Worker's Compensation Application Form**- signing this form allows us to bind coverage on your behalf to ensure your caregivers if injured while working

You only need to fill out the parts of the forms that are highlighted.

There is other important information included in this packet so be sure that you read through everything carefully and keep this information handy. The packet includes other information about:

- Frequently Asked Questions about Being an Employer, Managing Services and Working with ARIS Solutions
- Workers' Compensation Insurance Coverage
- Fraud and Abuse and Program Integrity
- Timesheet and Payroll Schedules

If you have questions about, or need help completing, these forms, please call us. We have Customer Service Specialists who can help you as you are filling out the paperwork. Our Call Center is open Monday through Friday from 8:00 a.m. to 4:00 p.m.

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

(Rev. December 2023) 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.

- If you're 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 isn't effective until we approve your request. See the instructions for more information.

- If you're an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

For IRS use:

Part 1: Why you're 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

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, Employer's Annual Federal Unemployment (FUTA) Tax Return* (all 940 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 941, Employer's QUARTERLY Federal Tax Return (all 941 series)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Form 943, Employer's Annual Federal Tax Return for Agricultural Employees (all 943 series)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, Employer's ANNUAL Federal Tax Return (all 944 series)	<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 can't appoint an agent to report, deposit, and pay tax reported on Form 940, unless you're a home care service recipient.

- Check here if you're 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.

Sign your name here

Print your **name here**

Print your title here

Date / /

Best daytime phone

Now give this form to the agent to complete.

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.
Go to www.irs.gov/FormSS4 for instructions and the latest information.

EIN

1	Legal name of entity (or individual) for whom the EIN is being requested																	
Type or print clearly.	2	Trade name of business (if different from name on line 1)	3	Executor, administrator, trustee, "care of" name														
	4a	Mailing address (room, apt., suite no. and street, or P.O. box) C/O ARIS Solutions PO Box 4409	4a	Street address (if different) (Don't enter a P.O. box.)														
	4b	City, state, and ZIP code (if foreign, see instructions) White River Jct., VT 05001	4b	City, state, and ZIP code (if foreign, see instructions)														
	6	County and state where principal business is located																
	7a	Name of responsible party	7b	SSN, ITIN, or EIN														
8a	Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No																	
9a	Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check. <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Sole proprietor (SSN) _____</td> <td><input type="checkbox"/> Estate (SSN of decedent) _____</td> </tr> <tr> <td><input type="checkbox"/> Partnership</td> <td><input type="checkbox"/> Plan administrator (TIN) _____</td> </tr> <tr> <td><input type="checkbox"/> Corporation (enter form number to be filed) _____</td> <td><input type="checkbox"/> Trust (TIN of grantor) _____</td> </tr> <tr> <td><input type="checkbox"/> Personal service corporation</td> <td><input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government</td> </tr> <tr> <td><input type="checkbox"/> Church or church-controlled organization</td> <td><input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government</td> </tr> <tr> <td><input type="checkbox"/> Other nonprofit organization (specify) Other _____</td> <td><input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises</td> </tr> <tr> <td><input checked="" type="checkbox"/> (specify) HCSR</td> <td>Group Exemption Number (GEN) if any _____</td> </tr> </table>				<input type="checkbox"/> Sole proprietor (SSN) _____	<input type="checkbox"/> Estate (SSN of decedent) _____	<input type="checkbox"/> Partnership	<input type="checkbox"/> Plan administrator (TIN) _____	<input type="checkbox"/> Corporation (enter form number to be filed) _____	<input type="checkbox"/> Trust (TIN of grantor) _____	<input type="checkbox"/> Personal service corporation	<input type="checkbox"/> Military/National Guard <input type="checkbox"/> State/local government	<input type="checkbox"/> Church or church-controlled organization	<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government	<input type="checkbox"/> Other nonprofit organization (specify) Other _____	<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	<input checked="" type="checkbox"/> (specify) HCSR	Group Exemption Number (GEN) if any _____
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<input checked="" type="checkbox"/> (specify) HCSR	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) <table style="width:100%; border:none;"> <tr> <td><input checked="" type="checkbox"/> Started new business (specify type) _____ Home Care Service Recipient</td> <td><input type="checkbox"/> Banking purpose (specify purpose) _____</td> </tr> <tr> <td><input type="checkbox"/> Hired employees (Check the box and see line 13.)</td> <td><input type="checkbox"/> Changed type of organization (specify new type) _____</td> </tr> <tr> <td><input type="checkbox"/> Compliance with IRS withholding regulations</td> <td><input type="checkbox"/> Purchased going business</td> </tr> <tr> <td><input type="checkbox"/> Other (specify) _____</td> <td><input type="checkbox"/> Created a trust (specify type) _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Created a pension plan (specify type) _____</td> </tr> </table>				<input checked="" type="checkbox"/> Started new business (specify type) _____ Home Care Service Recipient	<input type="checkbox"/> Banking purpose (specify purpose) _____	<input type="checkbox"/> Hired employees (Check the box and see line 13.)	<input type="checkbox"/> Changed type of organization (specify new type) _____	<input type="checkbox"/> Compliance with IRS withholding regulations	<input type="checkbox"/> Purchased going business	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Created a trust (specify type) _____		<input type="checkbox"/> Created a pension plan (specify type) _____				
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	<input type="checkbox"/> Created a pension plan (specify type) _____																	
11	Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year															
13	Highest number of employees expected in the next 12 months (enter -0- if none). If no employees expected, skip line 14.		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 will generally be \$1,000 or less if you expect to pay \$5,000 or less, \$6,536 or less if you're in a U.S. territory, in total wages.) If you don't check this box, you must file Form 941 for every quarter. <input type="checkbox"/>															
	Agricultural	Household			Other													
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)																	
16	Check one box that best describes the principal activity of your business. <table style="width:100%; border:none;"> <tr> <td><input type="checkbox"/> Construction</td> <td><input type="checkbox"/> Rental & leasing</td> <td><input type="checkbox"/> Transportation & warehousing</td> <td><input type="checkbox"/> Accommodation & food service</td> <td><input type="checkbox"/> Wholesale—agent/broker</td> </tr> <tr> <td><input type="checkbox"/> Real estate</td> <td><input type="checkbox"/> Manufacturing</td> <td><input type="checkbox"/> Finance & insurance</td> <td><input type="checkbox"/> Other (specify) _____</td> <td><input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail</td> </tr> </table>				<input type="checkbox"/> Construction	<input type="checkbox"/> Rental & leasing	<input type="checkbox"/> Transportation & warehousing	<input type="checkbox"/> Accommodation & food service	<input type="checkbox"/> Wholesale—agent/broker	<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail				
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<input type="checkbox"/> Real estate	<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Finance & insurance	<input type="checkbox"/> Other (specify) _____	<input type="checkbox"/> Wholesale—other <input type="checkbox"/> Retail														
17	Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided.																	
18	Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input type="checkbox"/> 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 ARIS Solutions Fiscal Agent		Designee's telephone number (include area code) 866.970.3301															
	Address and ZIP code PO Box 4409 White River Jct., VT 05001		Designee's fax number (include area code) 802.295.9812															
	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.			Applicant's telephone number (include area code)														
	Name and title (type or print clearly)			Applicant's fax number (include area code)														
	Signature			Date														

Do I Need an EIN?

File Form SS-4 if the applicant entity doesn't already have an EIN but is required to show an EIN on any return, statement, or other document.¹ See also the separate instructions for each line on Form SS-4.

IF the applicant...	AND...	THEN...
started a new business	doesn't currently have (nor expect to have) employees	complete lines 1, 2, 4a-8a, 8b-c (if applicable), 9a, 9b (if applicable), 10-14, and 16-18.
hired (or will hire) employees, including household employees	doesn't already have an EIN	complete lines 1, 2, 4a-6, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), and 10-18.
opened a bank account	needs an EIN for banking purposes only	complete lines 1-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
changed type of organization	either the legal character of the organization or its ownership changed (for example, you incorporate a sole proprietorship or form a partnership) ²	complete lines 1-18 (as applicable).
purchased a going business ³	doesn't already have an EIN	complete lines 1-18 (as applicable).
created a trust	the trust is other than a grantor trust or an IRA trust ⁴	complete lines 1-18 (as applicable).
created a pension plan as a plan administrator ⁵	needs an EIN for reporting purposes	complete lines 1, 3, 4a-5b, 7a-b, 9a, 10, and 18.
is a foreign person needing an EIN to comply with IRS withholding regulations	needs an EIN to complete a Form W-8 (other than Form W-8ECI), avoid withholding on portfolio assets, or claim tax treaty benefits ⁶	complete lines 1-5b, 7a-b (SSN or ITIN as applicable), 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is administering an estate	needs an EIN to report estate income on Form 1041	complete lines 1-7b, 9a, 10-12, 13-17 (if applicable), and 18.
is a withholding agent for taxes on nonwage income paid to an alien (that is, individual, corporation, or partnership, etc.)	is an agent, broker, fiduciary, manager, tenant, or spouse who is required to file Form 1042, Annual Withholding Tax Return for U.S. Source Income of Foreign Persons	complete lines 1, 2, 3 (if applicable), 4a-5b, 7a-b, 8a, 8b-c (if applicable), 9a, 9b (if applicable), 10, and 18.
is a state or local agency	serves as a tax reporting agent for public assistance recipients under Rev. Proc. 80-4, 1980-1 C.B. 581 ⁷	complete lines 1, 2, 4a-5b, 7a-b, 9a, 10, and 18.
is a single-member LLC (or similar single-member entity)	needs an EIN to file Form 8832, Entity Classification Election, for filing employment tax returns and excise tax returns, or for state reporting purposes ⁸ , or is a foreign-owned U.S. disregarded entity and needs an EIN to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business	complete lines 1-18 (as applicable).
is an S corporation	needs an EIN to file Form 2553, Election by a Small Business Corporation ⁹	complete lines 1-18 (as applicable).

¹ For example, a sole proprietorship or self-employed farmer who establishes a qualified retirement plan, or is required to file excise, employment, alcohol, tobacco, or firearms returns, must have an EIN. A partnership, corporation, REMIC (real estate mortgage investment conduit), nonprofit organization (church, club, etc.), or farmers' cooperative must use an EIN for any tax-related purpose even if the entity doesn't have employees.

² However, don't apply for a new EIN if the existing entity only (a) changed its business name, (b) elected on Form 8832 to change the way it is taxed (or is covered by the default rules), or (c) terminated its partnership status because at least 50% of the total interests in partnership capital and profits were sold or exchanged within a 12-month period. The EIN of the terminated partnership should continue to be used. See Regulations section 301.6109-1(d)(2)(iii).

³ Don't use the EIN of the prior business unless you became the "owner" of a corporation by acquiring its stock.

⁴ However, grantor trusts that don't file using Optional Method 1 and IRA trusts that are required to file Form 990-T, Exempt Organization Business Income Tax Return, must have an EIN. For more information on grantor trusts, see the Instructions for Form 1041.

⁵ A plan administrator is the person or group of persons specified as the administrator by the instrument under which the plan is operated.

⁶ Entities applying to be a Qualified Intermediary (QI) need a QI-EIN even if they already have an EIN. See Rev. Proc. 2000-12.

⁷ See also *Household employer agent* in the instructions. **Note:** State or local agencies may need an EIN for other reasons, for example, hired employees.

⁸ See *Disregarded entities* in the instructions for details on completing Form SS-4 for an LLC.

⁹ An existing corporation that is electing or revoking S corporation status should use its previously assigned EIN.

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. See instructions.

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 6.

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

2 Designee(s). If you wish to name more than two designees, attach a list to this form. **Check here if a list of additional designees is attached** ▶

Name and address ARIS Solutions PO Box 4409 White River Jct., VT 05001 Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. <u>0313-84964R</u> PTIN _____ Telephone No. <u>866.970.3301</u> Fax No. <u>802.295.9812</u> Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address Check if to be sent copies of notices and communications <input type="checkbox"/>	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____ Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>

3 Tax information. Each designee 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	941, 940, 941R, 941X, W2, W3, W2C, SS4	2023-2026	Tax Liability
Authority to obtain existing FEIN	SS4, 8821	2023-2026	Tax Liability

4 Specific use not recorded on the 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 line 5 ▶

5 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 5 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 5 instructions.

6 Taxpayer signature. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or individual 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 COMPLETED, 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	Title (if applicable)

HHCSR

New MexiCare Program

Employer Enrollment Forms

Participant-Employer Relationship Form

Employer Name: _____ **Employer Email Address:** _____

Employer Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Employer Phone Number: _____ **Primary Language:** _____

This form provides some basic information to link you, as the employer, to the individual that you are managing services for. The term “participant” is used to describe the individual who has been authorized to receive services.

Participant Name (Person Receiving Services): _____

Participant Date of Birth: _____

Participant Social Security Number: _____

Agency Participant is Connected to (if applicable): _____

New MexiCare Program

Employer Responsibility Form

Employer Name: _____ **Employer Email Address:** _____

Employer Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

By signing this form, I agree to take on all the responsibilities of being the Employer of Record. These responsibilities are described in the Employer Handbook, which was sent to me and is available on the ARIS Solutions website.

Being an employer is serious and important. Employers must hire, train and supervise employees, along with making sure that all the paperwork is completed properly.

Here are some general examples of what the employer needs to do:

- Understand and follow program requirements
- Follow all requirements for timesheet completion and submission
- Understand what services are funded
- Interview applicants and carefully check references before offering someone the job
- Explain the job to employee(s)
- Make sure that employment forms are completed and submitted to ARIS Solutions
- Train employee(s) to do specific tasks
- Develop a work schedule for your employee
- Plan for back-up coverage, as needed
- Provide ongoing performance feedback to employee(s)
- Fire employee(s) when necessary
- Complete and send timesheets to ARIS Solutions on time
- Let ARIS Solutions know of any timesheet changes (no later than Monday of each pay week)
- Answer questions about wages and hours worked from employees, ARIS or case/program managers
- Review and track the Employer Spending Report to know how much money is available

Employer Signature: _____ **Date:** _____

New Mexico Taxation and Revenue Department

Tax Information Authorization

Tax Disclosure

PLEASE TYPE OR PRINT IN BLACK INK

This form will expire three years 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, submit a new form to notify the Department.

Check one (Required): <input type="checkbox"/> New <input type="checkbox"/> Update <input type="checkbox"/> Revoke <input type="checkbox"/> Revoke <u>All</u>			
Section I: Taxpayer Information *Required Fields (If the required fields are not complete, this form is VOID and the taxpayer's information will not be shared.)			
Name(s)*		A. Tax Identification Number(s)*	
DBA Name(s) (If applicable)		SSN: _____ Spouse SSN: _____ FEIN: _____ NMBTIN: _____	
Mailing Address* (If the address is new or changed, mark this box <input type="checkbox"/>)		B. Reporting Period(s)* <input type="checkbox"/> All tax periods, or Specify: Tax Year(s): _____ Starting Period: _____ Ending Period: _____	
City*	State*	Zip Code*	C. Tax Program(s)*
Telephone Number ()			<input type="checkbox"/> All State Taxes
E-mail Address			<input type="checkbox"/> Personal Income Tax
Fax Number ()			<input type="checkbox"/> Gross Receipts Tax
			<input type="checkbox"/> Wage Withholding Tax
			<input type="checkbox"/> Cannabis Excise Tax
			<input type="checkbox"/> Compensating Tax
			<input type="checkbox"/> Corporate Income Tax
			<input type="checkbox"/> Fiduciary Income Tax
			<input type="checkbox"/> Governmental Gross Receipts Tax
			<input type="checkbox"/> Interstate Telecommunications Gross Receipts Tax
			<input type="checkbox"/> Leased Vehicle Gross Receipts Tax and Surcharge
			<input type="checkbox"/> Non-wage Withholding Tax
			<input type="checkbox"/> Oil and Gas Tax
			<input type="checkbox"/> Other: _____
Section II: Authorized Representative Information			
Individual Representative's Name*		TAP Logon (If applicable)	
Mailing Address*		Telephone Number* (866 970-3301)	Fax Number ()
City*	State*	Zip Code*	E-Mail Address* tax@arissolutions.org
Section III: Information Authorization Check all that apply			
<input type="checkbox"/> A. Authorization to disclose tax information. The Department is authorized to disclose confidential tax information on file to the above-designated individual or firm.			
<input type="checkbox"/> B. Authorization of third-party representative to access Taxpayer Access Point (TAP). The taxpayer authorizes the above-designated individual to access TAP on their behalf. TAP discloses confidential tax information on file with the Taxation and Revenue Department. TAP allows for the submission of returns, payments, and refund requests.			
<input type="checkbox"/> C. Designation of third-party representative. The Department is notified that the above-designated individual or firm has been authorized to represent the taxpayer(s) before the Taxation and Revenue Department. The representative is authorized to perform all authorized acts that the taxpayer(s) can perform for the designated tax programs and tax periods, except for acts that only an individual admitted and licensed as a qualified representative in New Mexico can perform.			
<input type="checkbox"/> D. Designation of qualified representative. The Department is notified that the above-designated individual or firm has been authorized and is qualified to represent the taxpayer(s) before the Taxation and Revenue Department in a protest or administrative hearing.			
i. Designation type: _____			
ii. License/Enrollment Number: _____			
iii. State of Jurisdiction: _____			
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 signing below, 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*		Printed Name	
Title		Title	
Signature*	Date*	Signature	Date
<ul style="list-style-type: none"> • 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. 			

Tax Information Authorization

Tax Disclosure

Instructions

Who is required to submit ACD-31102

The Tax Information Authorization Tax Disclosure form is for a taxpayer who wants to give authorization to access their tax information to an individual who is not their spouse. A taxpayer can choose to authorize an individual or firm to access their tax information for filing purposes or research purposes by submitting a completed ACD-31102, *Tax Information Authorization Tax Disclosure*. A separate ACD-31102 is needed for multiple individuals and/or firms.

This form should also be used to update or revoke previously granted authorization to your tax information.

Should you need assistance completing this form or if you have any questions, please contact the Department:

Phone: 1-866-285-2996

Once the completed forms and attachments have been reviewed and processed, the individual or firm will be granted access to your taxpayer information.

Line Instruction

Check the box to indicate if this is a New, Update, Revoke*, or Revoke All* request.

*If you need to revoke access to a previously authorized individual or firm, fill out their information in **Section II: Authorized Representative Information**. If you wish to revoke all access by all authorized individuals or firms select/mark *Revoke All*.

Section I: Taxpayer Information

Provide all required information about the taxpayer. Required information is identified by asterisk (*).

Fill out the following information:

Name(s)*, Doing Business As (DBA), Mailing address*, City*, State*, Zip Code*, Telephone Number, E-mail address, and Fax Number.

A. Tax Identification Number(s)*

Provide all applicable tax identification numbers for the taxpayer.

B. Reporting Period(s)*

If you want your authorized representative to have access to all taxpayer data, current and historical select/mark *All Tax Periods*.

If you want to grant access to a specific time frame, provide that information in the space provided.

Tax Year(s)- provide the tax year or tax years for which you

are granting authorization.

Starting Period/Ending Period- provide both the starting period and the ending period if you are granting access for a specified time frame.

IMPORTANT: The Tax Information Authorization, commonly referred to as a TIA, is valid for three years from the taxpayer(s) signature date. Once that time frame has expired, a new TIA is required.

C. Tax Program(s)

Check all tax programs that pertain to your tax situation. If the tax program is not selected, access will not be allowed, and you will be required to submit a new ACD-31102 for access to be granted. If selecting other, please specify in the space provided.

Section II: Authorized Representative Information

This form allows you to designate a tax authorization to a single individual or firm. If multiple individuals or firms need access to your taxpayer information, you must submit Form ACD-31102 for each individual or firm.

Section III: Information Authorization

A. through D. Please read the checkbox list carefully and mark all that apply to your tax situation. Your selection will determine what level of access your representative will be granted.

D. Designation of Qualified Representative. You must provide the following information if known:

- i. Designation type (Attorney, Certified Public Accountant (CPA), Enrolled Agent, Other-specify
- ii. License Number
- iii. State of Jurisdiction

Authorizing Signature

This form must be signed by the taxpayer or taxpayers, if married filing joint. If this form is being submitted for business or estate, this form must be signed by a corporate officer, partner, or fiduciary.

Form Submission

You can mail or email your completed authorization form to the Department:

Mail: NM Taxation and Revenue Department
Attn: Compliance Registration Unit
PO Box 8485
Albuquerque, NM 87198

E-mail: Business.Reg@tax.nm.gov

New MexiCare Program Employer Enrollment Forms

Workers' Compensation Insurance Information

This information is important: It gives you information about Workers' Compensation Insurance coverage for your employees and what to do if someone who works for you is hurt on the job.

All the employees that you hire through the New MexiCare program (and who are paid through ARIS Solutions) have Workers' Compensation Insurance.

People who are **independent contractors** or **vendors** are not covered by this insurance policy.

If your employee has a work-related injury:

Tell them to call us (ARIS Solutions) at 800.798.1658 to complete the First Report of Injury form. This form is then sent to the worker's compensation broker for processing.

You will be asked questions about the injury and claim during the call. You will be sent all the necessary forms to complete and file with the Department of Labor.




Worker's Compensation Insurance Application

Employer Legal Name:
Employer Date of Birth:
Participant name (if different than Employer name):
Relationship to participant: <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Sibling <input type="checkbox"/> Other (specify):
Employer FEIN # :
Employer Phone:
Street Address (where service is provided):
City, State, ZIP (where service is provided):
Estimated Number of Employees: Full Time: _____ Part Time: _____
Estimated Annual Payroll:
Effective Date of Coverage (start date):
Employer Signature and Date:

GENERAL INFORMATION (continued)

EXPLAIN ALL "YES" RESPONSES	Y / N
17. ANY OTHER INSURANCE WITH THIS INSURER?	
18. ANY PRIOR COVERAGE DECLINED / CANCELLED / NON-RENEWED IN THE LAST THREE (3) YEARS? (Missouri Applicants - Do not answer this question)	
19. ARE EMPLOYEE HEALTH PLANS PROVIDED?	
20. DO ANY EMPLOYEES PERFORM WORK FOR OTHER BUSINESSES OR SUBSIDIARIES?	
21. DO YOU LEASE EMPLOYEES TO OR FROM OTHER EMPLOYERS?	
22. DO ANY EMPLOYEES PREDOMINANTLY WORK AT HOME? If "YES", # of Employees: _____	
23. ANY TAX LIENS OR BANKRUPTCY WITHIN THE LAST FIVE (5) YEARS? (If "YES", please specify)	
24. ANY UNDISPUTED AND UNPAID WORKERS COMPENSATION PREMIUM DUE FROM YOU OR ANY COMMONLY MANAGED OR OWNED ENTERPRISES? IF YES, EXPLAIN INCLUDING ENTITY NAME(S) AND POLICY NUMBER(S).	

SIGNATURE

Copy of the Notice of Information Practices (Privacy) has been given to the applicant. (Not required in all states, contact your agent or broker for your state's requirements.)			
<p>PERSONAL INFORMATION ABOUT YOU, INCLUDING INFORMATION FROM A CREDIT OR OTHER INVESTIGATIVE REPORT, MAY BE COLLECTED FROM PERSONS OTHER THAN YOU IN CONNECTION WITH THIS APPLICATION FOR INSURANCE AND SUBSEQUENT AMENDMENTS AND RENEWALS. SUCH INFORMATION AS WELL AS OTHER PERSONAL AND PRIVILEGED INFORMATION COLLECTED BY US OR OUR AGENTS MAY IN CERTAIN CIRCUMSTANCES BE DISCLOSED TO THIRD PARTIES WITHOUT YOUR AUTHORIZATION. CREDIT SCORING INFORMATION MAY BE USED TO HELP DETERMINE EITHER YOUR ELIGIBILITY FOR INSURANCE OR THE PREMIUM YOU WILL BE CHARGED. WE MAY USE A THIRD PARTY IN CONNECTION WITH THE DEVELOPMENT OF YOUR SCORE. YOU MAY HAVE THE RIGHT TO REVIEW YOUR PERSONAL INFORMATION IN OUR FILES AND REQUEST CORRECTION OF ANY INACCURACIES. YOU MAY ALSO HAVE THE RIGHT TO REQUEST IN WRITING THAT WE CONSIDER EXTRAORDINARY LIFE CIRCUMSTANCES IN CONNECTION WITH THE DEVELOPMENT OF YOUR CREDIT SCORE. THESE RIGHTS MAY BE LIMITED IN SOME STATES. PLEASE CONTACT YOUR AGENT OR BROKER TO LEARN HOW THESE RIGHTS MAY APPLY IN YOUR STATE OR FOR INSTRUCTIONS ON HOW TO SUBMIT A REQUEST TO US FOR A MORE DETAILED DESCRIPTION OF YOUR RIGHTS AND OUR PRACTICES REGARDING PERSONAL INFORMATION. (Not applicable in AZ, CA, DE, KS, MA, MN, ND, NY, OR, VA, or WV. Specific ACORD 38s are available for applicants in these states.) (Applicant's Initials): _____</p>			
<p>Applicable in AL, AR, DC, LA, MD, NM, RI and WV: Any person who knowingly (or willfully)* presents a false or fraudulent claim for payment of a loss or benefit or knowingly (or willfully)* presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison. *Applies in MD Only.</p> <p>Applicable in CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.</p> <p>Applicable in FL and OK: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (of the third degree)*. *Applies in FL Only.</p> <p>Applicable in KS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written, electronic, electronic impulse, facsimile, magnetic, oral, or telephonic communication or statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.</p> <p>Applicable in KY, NY, OH and PA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties (not to exceed five thousand dollars and the stated value of the claim for each such violation)*. *Applies in NY Only.</p> <p>Applicable in ME, TN, VA and WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties (may)* include imprisonment, fines and denial of insurance benefits. *Applies in ME Only.</p> <p>Applicable in NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.</p> <p>Applicable in OR: Any person who knowingly and with intent to defraud or solicit another to defraud the insurer by submitting an application containing a false statement as to any material fact may be violating state law.</p> <p>Applicable in PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances [be] present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.</p> <p>Applicable in UT: Any person who knowingly presents false or fraudulent underwriting information, files or causes to be filed a false or fraudulent claim for disability compensation or medical benefits, or submits a false or fraudulent report or billing for health care fees or other professional services is guilty of a crime and may be subject to fines and confinement in state prison.</p>			
THE UNDERSIGNED IS AN AUTHORIZED REPRESENTATIVE OF THE APPLICANT AND REPRESENTS THAT REASONABLE INQUIRY HAS BEEN MADE TO OBTAIN THE ANSWERS TO QUESTIONS ON THIS APPLICATION. HE/SHE REPRESENTS THAT THE ANSWERS ARE TRUE, CORRECT AND COMPLETE TO THE BEST OF HIS/HER KNOWLEDGE.			
APPLICANT'S SIGNATURE (Must be Officer, Owner or Partner)	DATE	PRODUCER'S SIGNATURE 	NATIONAL PRODUCER NUMBER

**STATE OF NEW MEXICO
DEPARTMENT OF WORKFORCE SOLUTIONS
WORKFORCE TRANSITION SERVICES**

POWER OF ATTORNEY/AUTHORIZATION OF AGENT

NOTICE: THIS IS AN IMPORTANT DOCUMENT. THE POWERS GRANTED BY THIS DOCUMENT ARE BROAD AND SWEEPING. IF YOU HAVE ANY QUESTIONS ABOUT THESE POWERS, YOU SHOULD ASK A LAWYER TO EXPLAIN THEM TO YOU. THIS FORM DOES NOT PROHIBIT THE USE OF ANY OTHER FORM. YOU MAY REVOKE THIS POWER OF ATTORNEY IF YOU LATER WISH TO DO SO.

Legal Employer Name _____ **Employer Account Number** _____

Trade Name - DBA (if applicable) _____ **Federal ID Number** _____

Official Mailing Address _____

City, State, Zip Code _____ **Phone Number** _____

DOES HEREBY APPOINT AS THE DULY AUTHORIZED ATTORNEY-IN-FACT/AGENT:

Name _____ ARIS Solutions- Fiscal Agent _____

Address _____ P O B o x 4 4 0 9 _____ **Phone Number** _____ 866.970.3301 _____

City, State, Zip Code _____ White River Jct., VT 05001 _____

THIS AUTHORIZATION ALLOWS THE ATTORNEY-IN-FACT/AGENT TO ACT IN THE EMPLOYER'S NAME, RECEIVE CONFIDENTIAL INFORMATION, AND PERFORM THE UNEMPLOYMENT COMPENSATION FUNCTION(S) CHECKED BELOW. CHANGE THE OFFICIAL MAILING ADDRESS TO:

Check All That Apply:

___ *All Unemployment Matters* ___ *All Claims Matters* *All Tax Matters* ___ *Appeals*

THIS AUTHORIZATION MUST BE SIGNED BY A SOLE PROPRIETOR, PARTNER, OR CORPORATE OFFICER, AND CONTAIN COMPLETE INFORMATION WHICH IS VERIFIABLE WITH THE DIVISION'S RECORDS. IT MUST BE NOTARIZED, AND SUPERSEDES AND REVOKES ANY PRIOR AUTHORIZATION RELATING TO THE SUBJECT MATTER(S) CHECKED ABOVE, UNLESS THE EMPLOYER NOTIFIES THE DIVISION THAT THERE IS MORE THAN ONE ATTORNEY-IN-FACT. IT SHALL REMAIN IN EFFECT UNTIL WRITTEN NOTICE OF CANCELLATION OR A SUBSEQUENT AUTHORIZATION IS RECEIVED BY THE DIVISION OF UNEMPLOYMENT COMPENSATION. IT SHALL NOT BE AFFECTED BY LAPSE OF TIME. THE PRINCIPAL AGREES THAT ANY THIRD PARTY WHO RECEIVES A COPY OF THIS DOCUMENT MAY ACT UNDER IT.

PRINT PRINCIPAL'S NAME

PRINCIPAL'S SIGNATURE

STATE OF NEW MEXICO)

) ss.

COUNTY OF _____)

SUBSCRIBED and sworn to before me this _____ day of _____, _____.

(seal)

NOTARY PUBLIC

My Commission Expires:

New Mexico Taxation and Revenue Department
BUSINESS TAX REGISTRATION
Application and Update Form

NMBTIN: 0____ - _____ - 00- _____	Date Issued: _____
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Section I: Complete all applicable fields, see instructions on page 5 through 7

Please print legibly or type the information on this application.

1. Business Name	2. Please Check One: <input type="checkbox"/> New Registration <input type="checkbox"/> Registration Update
3. DBA	4. FEIN, SSN, or ITIN
5. Telephone Number- Business ()	6. For updates, summarize the changes being requested: _____ _____ _____
7. Business E-mail Address	
8. Type Of Ownership: (check one) <input type="checkbox"/> Corporation <input type="checkbox"/> Estate <input type="checkbox"/> General Partnership <input type="checkbox"/> Government <input type="checkbox"/> Indian Tribe <input type="checkbox"/> Individual <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Non-Profit Organization Exempt: <input type="checkbox"/> 501(c)(3) or <input type="checkbox"/> 501(c)(4) <input type="checkbox"/> S Corporation <input type="checkbox"/> Trust	
9. Mailing Address _____ City _____ State _____ Zip Code _____ County _____	10. Physical Address _____ City _____ State _____ Zip Code _____ County _____
11. Change the business registration status for: (Check All That Apply) <input type="checkbox"/> Cannabis Excise Tax <input type="checkbox"/> Compensating Tax <input type="checkbox"/> Corporate Income and Franchise Tax <input type="checkbox"/> Governmental Gross Receipts Tax <input type="checkbox"/> Gross Receipts Tax <input type="checkbox"/> Interstate Telecommunication Gross Receipts Tax <input type="checkbox"/> Leased Vehicle Gross Receipts Tax and Surcharge <input type="checkbox"/> Non-wage Withholding Tax <input type="checkbox"/> Wage Withholding Tax <input type="checkbox"/> Weight Distance Tax <input type="checkbox"/> Workers' Compensation Fee <input type="checkbox"/> Please mail the Gross Receipts Tax , <i>GRT Filer's Kit</i> to the mailing address provided on # 9. Note: Any other forms/instructions are available online or by request only, please see instructions for details.	
12a. Date business activity started or is anticipated to start in New Mexico: Month _____ Day _____ Year _____ b. Change the business status to: (Check One) <input type="checkbox"/> Active <input type="checkbox"/> Closed Effective Date (MM/DD/CCYY): _____	
13. Select Business Tax Filing Status: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Seasonal* <input type="checkbox"/> Semiannual <input type="checkbox"/> Special Event* <input type="checkbox"/> Temporary* <input type="checkbox"/> Casual *If Seasonal/Special Event/Temporary, indicate month(s) in which you will file. (MM/DD/CCYY): _____	
14. Please answer all question: a. Will the business have 3 or more employees? <input type="checkbox"/> Yes <input type="checkbox"/> No b. Is the business a construction contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No c. Will the business be required to obtain Workers' Compensation Insurance within 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No Effective Start Date (MM/DD/CCYY): _____	

New Mexico Taxation and Revenue Department
BUSINESS TAX REGISTRATION
Application and Update Form

15. List Owners, Partners, Corporate Officers, Association Members, Shareholders, Managers, Officers, General Partners, and Proprietors and indicate if you wish to add or delete. (Attach separate sheet(s) if necessary)

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	
First Name	Last Name	
Social Security Number (SSN or ITIN)	Title	HCSR
Mailing Address (Number and Street)	Phone Number	
City, State, and Zip Code	Email Address	

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	
First Name	Last Name	
Social Security Number (SSN or ITIN)	Title	
Mailing Address (Number and Street)	Phone Number	
City, State, and Zip Code	Email Address	

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	
First Name	Last Name	
Social Security Number (SSN or ITIN)	Title	
Mailing Address (Number and Street)	Phone Number	
City, State, and Zip Code	Email Address	

<input type="checkbox"/> Add	<input type="checkbox"/> Delete	
First Name	Last Name	
Social Security Number (SSN or ITIN)	Title	
Mailing Address (Number and Street)	Phone Number	
City, State, and Zip Code	Email Address	

BUSINESS TAX REGISTRATION

Application and Update Form

<p>16. Method of accounting</p> <p><input type="checkbox"/> Cash</p> <p><input type="checkbox"/> Accrual</p>	<p>17. Please check all that apply:</p> <p>a. Does the business have a physical presence in New Mexico? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Is the business a marketplace provider? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>c. Is the business a marketplace seller? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
--	--

18. Provide the business NAICS code(s). NAICS codes can be found on your federal return or at www.naics.com.
 _____ Add Delete Change

Also give a brief description of nature of business:

19. I declare that the information reported on this form and any attached supplement(s) are true and correct:

Print Name _____ **Signature** _____ **Title** _____ **Date** _____

Section II: Complete this section if you answered question 13 as a monthly, quarterly, or semi-annual filer.

<p>20. Liquor License Type/Number</p> <p>_____</p> <p><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change</p>	<p>21. Secretary of State Business ID Number</p> <p>_____</p> <p><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change</p>	<p>22. Contractor's License Number</p> <p>_____</p> <p><input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Change</p>
--	---	---

Special Tax Programs:			Yes	No
23. Will business sell Gasoline? Note: Bond may be required.			23. <input type="checkbox"/>	<input type="checkbox"/>
If yes, is business:	<input type="checkbox"/> Distributor	<input type="checkbox"/> Indian Tribal		
	<input type="checkbox"/> Retailer	<input type="checkbox"/> Wholesaler		
		<input type="checkbox"/> Rack Operator		
24. Will business sell Special Fuels? Note: Bond may be required.			24. <input type="checkbox"/>	<input type="checkbox"/>
If yes, is business:	<input type="checkbox"/> Supplier	<input type="checkbox"/> Wholesaler		
	<input type="checkbox"/> Retailer	<input type="checkbox"/> Rack Operator		
25. Will business sell Cigarettes?			25. <input type="checkbox"/>	<input type="checkbox"/>
If yes, is business:	<input type="checkbox"/> Distributor	<input type="checkbox"/> Manufacturer		
	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retailer		
26. Will business sell Tobacco Products?			26. <input type="checkbox"/>	<input type="checkbox"/>
If yes, is business:	<input type="checkbox"/> Distributor	<input type="checkbox"/> Manufacturer		
	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retailer		
27. Will business be a Water Producer?			27. <input type="checkbox"/>	<input type="checkbox"/>
If yes, Type of Water System: _____				
28. Will business be involved in Gaming Activities?			28. <input type="checkbox"/>	<input type="checkbox"/>
If yes, is business:	<input type="checkbox"/> Bingo and Raffle	<input type="checkbox"/> Distributor		
	<input type="checkbox"/> Manufacturer	<input type="checkbox"/> Gaming Operator		
29. Will business sell Liquor?			29. <input type="checkbox"/>	<input type="checkbox"/>
If yes, if business:	<input type="checkbox"/> Direct Shipper	<input type="checkbox"/> Manufacturer		
	<input type="checkbox"/> Wholesaler	<input type="checkbox"/> Retailer		
30. Will business sell Prepaid Wireless Communication, Landline, or Wireless Services?			30. <input type="checkbox"/>	<input type="checkbox"/>
If yes, E-911 registration is required.				
Natural Resources:				
31. Will business engage in Severing Natural Resources?			31. <input type="checkbox"/>	<input type="checkbox"/>
32. Will business engage in Processing Natural Resources?			32. <input type="checkbox"/>	<input type="checkbox"/>
Oil and Gas:				
33. Will business be a Natural Gas Processor?			33. <input type="checkbox"/>	<input type="checkbox"/>
34. Will business be an Oil and Gas Taxes Filer?			34. <input type="checkbox"/>	<input type="checkbox"/>
35. Will business be a Master Operator (Equipment tax)?			35. <input type="checkbox"/>	<input type="checkbox"/>

BUSINESS TAX REGISTRATION

Application and Update Form

<p>36. If applicable, provide former owner's: NMBTIN: 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: NMBTIN: 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
Add	Delete																																																																
<input type="checkbox"/>	<input type="checkbox"/>	Accommodation, Food Services, and Drinking Places																																																															
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<input type="checkbox"/>	<input type="checkbox"/>	Real Estate and Leasing of Real Property																																																															
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<input type="checkbox"/>	<input type="checkbox"/>	Retail Trade																																																															
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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): _____</p> <p>Explain where the payments that will be deducted are coming from:</p>																																																																	
<p>44. Health Care Quality Surcharge: <i>See instructions</i></p> <p>Is this business a health care facility? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide: New Mexico Department of Health License Number</p> <p>List the following: DBA: _____ Administrator Name: _____ Administrator Phone Number: _____ Administrator Email Address: _____</p>																																																																	
<p>45. Insurance Premium Tax:</p> <p>Is this business licensed through the Office of the Superintendent of Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide: National Association of Insurance Commissions (NAIC) Number:</p> <p>Check all that apply:</p> <table border="0"><tr><td><input type="checkbox"/> Bail Bonds</td><td><input type="checkbox"/> Casualty</td><td><input type="checkbox"/> Risk Retention Group (RRG)</td></tr><tr><td><input type="checkbox"/> Life and Health</td><td><input type="checkbox"/> Property</td><td><input type="checkbox"/> Vehicle</td></tr></table> <p>Surplus Lines? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, provide National Producer Number (NPN)</p> <p>Check all that apply: <input type="checkbox"/> Agency <input type="checkbox"/> Agent <input type="checkbox"/> Broker</p>		<input type="checkbox"/> Bail Bonds	<input type="checkbox"/> Casualty	<input type="checkbox"/> Risk Retention Group (RRG)	<input type="checkbox"/> Life and Health	<input type="checkbox"/> Property	<input type="checkbox"/> Vehicle	<p>46. Cannabis Excise Tax:</p> <p>Is this business licensed through the Cannabis Control Division of the Regulation & Licensing Department? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, check all licenses that apply:</p> <p><input type="checkbox"/> Cannabis retailer <input type="checkbox"/> Integrated Cannabis Microbusiness <input type="checkbox"/> Vertically Integrated Cannabis</p> <p>Provide at least one license ID:</p> <p>Issuance date: _____ Expiration date: _____ Attachment required: see instructions.</p>																																																									
<input type="checkbox"/> Bail Bonds	<input type="checkbox"/> Casualty	<input type="checkbox"/> Risk Retention Group (RRG)																																																															
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BUSINESS TAX REGISTRATION

Instructions

Who is required to submit ACD-31015

This Business Tax Registration Application & Update Form is for the following tax programs: Cigarette, Compensating, E911 Service, Gaming Taxes, Gasoline, Gross Receipts, Special Fuels, Tobacco Products, Withholding, Workers Compensation Fee, Master of Operations, Natural Gas, Resources, Severance, Special Fuels, Tobacco Products, Telecommunications Relay Service, and Water Producer. Registration is required by New Mexico Statute, Section 7-1-12 NMSA 1978. Supplemental information and general instructions on reporting will be provided to you.

Should you need assistance completing this application, please contact the Department:

Phone: 1-866-285-2996

Once the completed forms and attachments have been reviewed and processed a registration certificate will be mailed to the address provided.

New Applications

Please complete the form in full. All attachments must contain the business name. Mark questions which do not apply with n/a (not applicable).

Provide completed pages 1 through 3 to the:

NM Taxation and Revenue Department
Attn: Compliance Registration Unit
PO Box 8485
Albuquerque, NM 87198-8485

Apply for a Business Tax ID Online

You can apply for a New Mexico Business Tax Identification Number (NMBTIN) online using the Department's website, Taxpayer Access Point (TAP) <https://tap.state.nm.us>. From the TAP homepage, under **Businesses** select Apply for a New Mexico Business Tax ID. Follow the steps to complete the business registration.

Updating Business Registration

If this is an update to an existing registration, answer questions 1 through 4 and then any additional fields where changes are being made.

Forms and Instructions

The Department provides all forms and instructions on the **Forms & Publications** page for all tax programs, <https://www.tax.newmexico.gov/forms-publications/>.

If you wish to receive the semi-annual Gross Receipts Tax forms and instructions, *GRT Filer's Kit*, please check the box on 11 of the Business Tax Registration. If you need forms mailed to you, please call the Department's call center at: 1-866-285-2996.

Line Instructions

Section I

1. Enter business name of the entity. If business name is an individual's name, enter first name, middle initial, and last name. If you are updating the legal name, provide a letter from the IRS showing the correct name and Federal ID number, or a copy of the individual's social security card if a sole proprietor.
2. Please mark the appropriate box indicating if this is a new registration or an update to an existing registration.
Note: If updating existing registration provide the NMB-TIN and Date Issued at the top of page 1 in the space provided.
3. If entity operates under a different name than the business name, list the name the business is "doing business as" (DBA).
4. Enter Federal ID Number (FEIN), Social Security Number (SSN), or Individual Taxpayer Identification Number (ITIN).
5. Enter the business telephone number.
6. Enter a summary of the changes being requested on the form.
7. Enter business e-mail address.
8. Check the type of ownership for the business you are registering (choose only one). If non-profit, please indicate if you are a 501(c)(3) or (c)(4) and include letter of determination from the IRS.
9. Enter the address at which the business will receive mail from the Department (registration certificate, etc.).
10. Specify the physical location address of the business. (Not a PO Box). If you have multiple locations, please attach an additional sheet.
11. Specify the tax program(s) you wish to change the business registration status for 12a and 12b. Each of these tax programs have Forms and Instructions please see the instructions for more detailed information.
 - a) Cannabis Excise Tax- is an excise tax imposed on persons selling adult-use cannabis at retail.
 - b) Compensating Tax- is an excise tax imposed on persons using property or services in New Mexico as derived in Section 7-9-7 NMSA.
 - c) Corporate Income and Franchise Tax- is imposed on every corporation and unitary group of corporations with income from activities of sources in New Mexico with a Federal filing requirement.
 - d) Gross Receipts Tax- is imposed on persons engaged in business in New Mexico for the privilege of doing business in New Mexico.
 - e) Governmental Gross Receipts Tax- is imposed on the receipts of New Mexico state and local government agencies, institutions, instrumentality or political subdivisions for the privilege of engaging in certain activities.
 - f) Interstate Telecommunications Gross Receipts Tax- is imposed on persons engaged in business in New

BUSINESS TAX REGISTRATION

Instructions

- Mexico for the privilege of doing business of providing interstate telecommunication service in New Mexico.
- g) Leased Vehicle Gross Receipts Tax and Surcharge- is imposed in addition to gross receipts tax on the receipts of a lessor of automobiles.
- h) Non-wage Withholding Tax- is imposed on individuals who withhold New Mexico withholding tax from payments for pension and annuities, gambling winnings, or some other purpose that does not include wages paid to employees.
- i) Wage Withholding Tax- is imposed on employers who withhold New Mexico tax from their employees.
- j) Weight Distance Tax- is imposed on registrants, owners, and operators of most motor vehicles having a declared gross weight or gross vehicle weight over 26,000 pounds and using highways in New Mexico.
- k) Workers' Compensation Fee- is imposed on every employer who is covered by the Workers' Compensation Act, whether by requirement or election.
12. a) Enter the date you initially derived receipts from performing services, selling property in New Mexico or leasing property employed in New Mexico; or the date you anticipate deriving such receipts; or the period in which the taxable event occurs. Enter month, day and year.
- b) Enter the date business will close if you check TEMPORARY or SPECIAL EVENT on filing status in box 13. If closing a business, request a Letter of Good Standing or a Certificate of No Tax Due.
13. Filing status: Please select the appropriate filing status for reporting, submitting and paying the business's combined gross receipts, compensating and withholding taxes.
- a) Monthly - due by the 25th of the following month if combined taxes due average more than \$200 per month, or if you wish to file monthly regardless of the amount due.
- b) Quarterly – due by the 25th of the month following the end of the quarter if combined taxes due for the quarter are less than \$600 or an average of less than \$200 per month in the quarter. Quarters are January - March; April - June; July - September; October - December.
- c) Semiannually – due by the 25th of the month following the end of the 6-month period if combined taxes due are less than \$1,200 for the semiannual period or an average less than \$200 per month for the 6-month period. Semiannual periods are January - June; July – December.
- d) Seasonal – indicate month(s) for which you will be filing. The month in which the business files must be a period in which the registration is active.
- e) Temporary – enter close date on # 12b. The month in which the business files must be a period in which the registration is active.
- f) Special event – enter close date on # 12b. The month in which the business files must be a period in which the registration is active.
- g) Casual- due by the 25th of the following month if relevant business activity has occurred and the taxpayer has an obligation to report it to TRD. **Note:** Filing status is for non-profits and Compensating Tax only.
14. a) Indicate whether or not you will have 3 or more employees.
- b) Indicate whether the business is a construction contractor.
- c) Indicate whether or not you will be required to pay the Workers' Compensation fee to New Mexico. Every employer who is covered by the Workers' Compensation Act, whether by requirement or election must file and pay the assessment fee and file form RPD-41054 Workers' Compensation Fee Form (WC-1). For more information contact the Workers' Compensation Administration at (505) 841-6000 or <https://workerscomp.nm.gov>.
15. Required: Enter the Social Security Number (SSN) or Individual Tax Identification Number (ITIN) for individuals; Name and Title, Address, Phone #, and E-mail address for all Owners, Partners, Corporate Officers, Association Members, Shareholders, Managers, Officers, General Partners, and Proprietors. This information is required. Attached additional pages if necessary.
16. Check the method of accounting used by the business.
- a) Cash - report all cash and other consideration received but exclude any sales on account (charge sales) until payment is received.
- b) Accrual - report all sales transactions, including cash sales and sales on account (charge sales) but exclude cash received on payment of accounts receivable.
17. a) Indicate if the business has physical presence in New Mexico.
- b) Indicate if the business is a marketplace provider, meaning a person who facilitates the sale, lease or license of tangible personal property or services or license for use of real property on a marketplace seller's behalf, or on the marketplace provider's own behalf by listing or advertising the sale, or collecting payment from the customer and transmitting payment to the seller.
- c) Indicate if the business is a marketplace seller, meaning a person who sells, leases or licenses tangible personal property or services or licenses the use of real property through a marketplace provider.
18. Provide the business NAICS code. NAICS codes can be found on your federal return or at www.naics.com. You may list as many as needed with a minimum of one code. Be sure to indicate if you are adding, deleting or changing the code by selecting the appropriate box. Also briefly describe the nature of the type(s) of business in which you will be engaging.
19. The application should be signed by an Owner, Partner, Corporate Officer, Association Member, Shareholder, or

BUSINESS TAX REGISTRATION

Instructions

Authorized Representative.

Section II:

Complete this section if you answered question 13 as a monthly, quarterly, or semi-annual filer.

20. If applicable, provide your Liquor License Type and Number assigned by the Alcohol and Gaming Division
21. If applicable, provide your Secretary of State Business ID Number. They may be contacted at www.sos.state.nm.us or by phone at 1-800-477-3632.
22. If applicable, provide your Contractor's License Number assigned by the Construction Industries Division.
- 23-30. The programs listed in this section are considered Special Tax Programs. Many of these programs are required to file monthly. Please contact the Special Tax Programs Unit at (505) 827-0764 with any questions.
- 31-32. Answer the questions regarding Natural Resources, if applicable.
- 33-35. Answer the questions regarding Oil and Gas, if applicable.
36. If this is not a new business, enter the former owner's New Mexico Taxation and Revenue Department New Mexico Tax Identification Number (NMBTIN) and business name. You may want to complete a form ACD-31096 Tax Clearance Request.
37. Specify whether you are operating or have operated any other businesses in New Mexico. If so, enter NMBTIN number and business name.
38. Select the primary type(s) of business in which you will engage. You may select more than one if necessary.

- 39-42. Please indicate if the business is one of these specific types, which use special reporting codes.
43. Answer the questions regarding activities as health care practitioner, if applicable.
44. If you are unsure if you are subject to the Healthcare Quality Surcharge please contact our Special Tax Programs Unit at (505) 827-0764.
45. Answer the questions regarding Insurance Premium Tax, if applicable.
46. Answer the questions regarding the Cannabis Excise Tax, if applicable. If you complete this section, your license must be attached.

Form Submission

You can apply for and update your Business Registration online using TAP, <https://tap.state.nm.us>.

You can also mail or email your application to the Department: **Important:** Please return completed pages 1, 2, 3, and 4 of the ACD-31015, Business Tax Registration Application & Update form.

Mail: NM Taxation and Revenue Department
Attn: Compliance Registration Unit
PO Box 8485
Albuquerque, NM 87198

E-mail: Business.Reg@state.nm.us



Fraud and Program Integrity Information

This information is important: It tells you about your responsibilities related to Fraud and Program Integrity. You need to read and understand this information **before** you start managing services.

The New Mexico Attorney General's Office—Medicaid Fraud and Resident Abuse Unit (MFRAU) and the New Mexico Aging and Long-Term Services Department, APS Division investigate and prosecute claims of improper billing and program misuse of self directed programs.

Some Examples of Improper Billing:

- Adding hours that were not worked to the timesheet
 - Hours added by the employee that they did not work to increase their check
 - Hours added by you and then “shared” by your employee
- Submitting a timesheet for work provided by someone other than your enrolled employee
- Continuing to send in timesheets for an employee who has quit/is no longer providing care
- Inappropriate signatures
 - Each timesheet must have an original signature by the employee and the employer. **No one else can sign for you or your employee.**

Some Example of Program Misuse:

- Paying for care to more people than the program allows for at one time.
 - **Be sure to consult program rules around how many individuals can be cared for by one employee at a time—different programs have different rules;**
- Paying for support in a setting that is not allowed (i.e., in a hospital or nursing facility).
 - **Be sure to consult program rules. Some programs allow certain services to be billed while an individual is in the hospital/short-term nursing facility—different programs have different rules**

Fraud and Program Integrity is serious: These units have specially trained staff who investigate claims against both employees and employers. Many of the cases that they have prosecuted have resulted in criminal convictions or civil settlements.

You can help:

- Never sign blank timesheets or sign timesheets in advance
- Be sure to keep records of when your employee(s) work and the care that is provided during the shift
- Be sure that you review all timesheets carefully
 - Allowing false information on a timesheet to be sent in may be considered a crime
 - As the employer, it is your responsibility to make sure that what is being sent is correct information
- Ask questions!
 - If you are unsure how you can use services, ask your case/program manager or call ARIS Solutions staff for help
- Send in your employees' timesheet
 - Employees should **not** send in timesheets
 - Sending in timesheets is an **employer** responsibility

Fraud costs:

ARIS Solutions pays based on the timesheets submitted. When timesheets include false information, individuals get less of the service that they need.

To Report Fraud or Program Misuse:

New Mexico Aging and Long Term Services Department
1866-654-3219 Option #4

Or call ARIS Solutions for assistance at (800) 798-1658

HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT

This notice describes how medical information about you may be used and disclosed and how we may obtain access to this information. Please review it carefully & keep for your records.

DEFINITION OF MEDICAL INFORMATION

When ARIS Solutions refers to medical information, we mean protected health information (PHI). PHI is information that is individually identifiable health information including demographic information collected.

USES AND DISCLOSURES OF PHI

Health Care Operations- Your medical information may be used and disclosed in connection with our health care operational including:

- *Case management and care coordination.*
- *Quality assessment and improvement activities and protocol assessment.*
- *Reviewing the competence or qualifications of health care professionals, evaluating provider performance, conducting training programs, accreditation, certification activities, and credentialing activities.*
- *Conducting legal services, compliance programs, fraud and abuse detection*
- *Business planning and development.*

Additional disclosures-PHI may be disclosed;

- *To another entity that has relationship with the organization for their health care operations relating to quality improvement and assessment activities, reviewing competence or qualifications of health care professionals.*
- *To other entities that assist us in conducting our health care operations.*

We will not disclose your medical information to those persons or entities unless they agree to keep it protected.



HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT
continued...

For the Public Benefit- as authorized by law for the following purposes:

- *As required by law*
- *For public health activities, including disease and vital statistic reporting, FDA oversight, and for work related illness or injury*
- *To health oversight agencies*
- *In response to court and administrative orders*
- *To avert a serious threat to health and human safety*

Your written authorization is required for all other uses and disclosures of your PHI. You may revoke your authorization at any time. However, your revocation will not affect any use or disclosure you permitted to your revocation.

YOUR RIGHTS

Access to your information — *You have the right to inspect or obtain a copy of the medical information about you that is contained in a “designated record set”. The organization may ask you to submit your request in writing.*

Accounting of disclosures – *You have the right to receive a list of instances in which we or our associates disclosed your PHI for purposes other than health care operations or those authorized by you.*

Confidential Communication – *You have the right to request that we communicate with you about your PHI by a different means or at a different location. You make this request in writing.*

Amending your PHI – *You have the right to request that we amend your PHI contained in the “designated record set” if it is not correct or complete. We may require that this request be in writing.*

Complaints – *You have the right to file a complaint if you believe your privacy rights have been violated. You may file this complaint with ARIS Solutions and/or the Secretary of the Department of Health and Human Services. All complaints to ARIS Solutions must be made in writing. We support your right to protect your PHI.*

****PLEASE KEEP THIS FOR YOUR RECORDS****

HIPAA NOTICE OF PRIVACY PRACTICES & AGREEMENT

PLEASE SIGN/DATE & RETURN TO ARIS SOLUTIONS

At ARIS Solutions we respect the confidentiality of your medical information and will protect information in a responsible manner. We have a privacy program in place that meets the requirements of HIPAA, the government legislation that sets standards for the privacy of medical information.

This notice will be effective for all medical information that we maintain, including medical information we created or received before _____ (date) _____ (initials)

HIPAA PRIVACY NOTICE ACKNOWLEDGEMENT AND CONSENT

I acknowledge that I have been provided with a notice of privacy practices and have been advised of how health information about me may be used and disclosed by ARIS Solutions and how may I obtain access to and control of this information.

Signature of Employer

Date





Frequently Asked Questions

How does ARIS Solutions get the budget?

When the budget is approved, a copy is supposed to come automatically to us. That tells us how much is authorized for you and when services are in place (start/stop dates).

Sometimes, this doesn't happen as planned—and you get a copy, but we don't. When this happens, we work to get it corrected quickly, so your employee can get their pay.

How do I sign up as an employer?

To get started, we need an “Employer Enrollment Packet”. You can get this from our website (www.ARISsolutions.org) or we can send you one through the mail.

If you are new to working with us, a “New Employer Start-Up Packet” is sent when services are approved.

You need to fill out the forms included in this packet. This packet lets ARIS Solutions work for you—they include:

- **Employer/Payer Appointment of Agent**—filling out this form lets us process payroll for you
- **Application for Employer Identification Number (EIN)**—all employers must have their own EIN, it's an Internal Revenue Service requirement
- **Tax Information Authorization**—completing this form lets us report taxes on your behalf
- **Consumer/Participant-Employer Relationship Form**—links you as the employer for the budget

You only need to fill out the parts of the forms that are highlighted.



What if I need someone else to become the employer?

If you need to stop being the employer, and have someone else take over, you need to contact us. We need to know that you aren't going to be the employer anymore and who will be taking over. The new person needs to fill out an "Employer Enrollment Packet".

The program that provides funding will need to confirm who is taking over as the new employer.

The new employer will need to sign up all their employees. This is true, even if the new employer plans to use the same people who worked for you. These people will need to complete and send in the forms—and pass their background checks before they can start working for the new employer.

It is important that you work with us early when you decide someone else should be the employer.

Who will ARIS Solutions share information with?

We can only talk to the person signed up as the employer about the budget.

Sometimes this can feel frustrating, if someone is trying to help you manage services and we cannot talk to them. But, it is important that confidential information stays private.

We can give some information to employees about their paycheck.

But, sometimes issues around your employee's paycheck is related to the budget—such as, Medicaid has ended or there was not enough money in the budget to cover all the services. When this happens, we cannot tell your employee the full details around their paycheck and we will refer your employee to talk to you.

Who can be your employee?

Lots of people can be your employee. You should pick your employee based on the kind of work you will have them do.

There are some people who cannot be paid using New Mexi-Care dollars, based on the specific program rules. You need to read the guidelines for the

program that funds the services in your budget to be sure that you can hire the people that you want.

All employees must pass their background checks **before** they can start working for you. They also need to perform the required caregiver training through Care Academy (https://go.careacademy.com/users/sign_in) prior to them beginning work for you. There are no exceptions for these two requirements.

How do I sign up employees to work for me?

To sign up an employee, we need an “Employee Hiring Packet”. You can get this from our website or through the mail.

Everybody you want to work for you must fill out one of these packets. There are places where you, as the employer, need to complete and sign.

This packet includes:

- **Employee Hiring Notice**—tells us some basic information about who you are hiring
- **Forms W-4** —gives us tax withholding information (completed by the **employee**)
- **Employment Eligibility Verification**—tells the Department of Justice that your employee is legally able to work in the United States

You need **look** at your employee’s original identification (please read the instructions) and **write** the information down in the form. You do not need to send photocopies of the documents



- **Employee Confirmation Form**—this form makes sure that potential employees understand some basic information about working for an employer who is supported by ARIS Solutions.
- **Direct Deposit Authorization Form**—signing up for Direct Deposit is great. It ensures that your employees' paychecks are automatically deposited into their accounts. No more waiting for the mail to come!

Employees who did not sign up for Direct Deposit when they were hired can sign up at any time.

Why do you ask my employee about their relationship to the participant and/or me?

We need to know if your employee has a relationship to you or to the person that they are going to provide care to.

In some programs, there are limits on who can work—or the kind of work that they can do, based on the relationship.

There are tax exemptions that your employee may be eligible for based on the relationship(s) that they might have.

Employee	Employer	Exempt from:
Child/stepchild, under 18	Parent	Federal Unemployment Tax Medicare Social Security
Child/stepchild, under 21	Parent	Federal Unemployment Tax
Parent	Adult Child	Federal Unemployment Tax
Spouse/ civil partner	Spouse	Federal Unemployment Tax Medicare Social Security

We need this information so we can pay your employees correctly. These exemptions are not optional.



Also, in some programs, there are rules about who can provide care. Having this information helps us make sure that people have the information to apply the rules properly.

Is there a limit to the number of people I can hire?

No! You can hire as many employees as you think you want to have working for you. There is no limit on the number of people who can be your employee—but you need to remember a couple of things:

- You are the legal employer for anyone you sign up.
 - You are responsible for any training they need, to keep track of the hours all your employees work and to make sure that their timesheets are correct and sent in on time to be paid.
 - If there is not enough money in the budget, you may have to pay your employees out of your own pocket.
- Each employee needs to fill out an Employee Hiring Packet. This is true even if they are already doing this same type of work for someone else.

If employees worked for you but haven't been **paid** in one year, they are automatically terminated as your employee. To work for you again, all they need to do is fill out a new hiring packet. Once they've passed their background checks, they can start working again

Can my employee and I fill these forms out online and submit them?

Yes! ARIS Solutions accepts enrollment packets completed through Adobe Acrobat. Once complete, they can be emailed to: enrollment@arissolutions.org

Or you can call to inquire about our online onboarding module.

When is my employee's timesheet due?

Timesheets are due every other week. A schedule is set in advance that tells you when timesheets need to be submitted and when employees will be paid.

A copy of the schedule is sent to you every year when we update it. If you lose your copy, the schedule is posted on our website (www.ARISsolutions.org) or you can have another copy sent to you.



How do I know if I owe my employee overtime?

Most employees should be paid overtime (“time-and-a-half”) if they work more than 40 hours per week for you.

You do not have to figure out the overtime rate. Just enter your employee’s hours and the wage that you usually pay. We will do the rest!

There are times when an employee is “exempt” (does not have to be paid) overtime. The Federal Department of Labor made a guide to help employers know when they must pay employees overtime (https://www.dol.gov/whd/homecare/homecare_guide.htm)

How do I submit my employees timesheets?

Timesheets must be received by **11:59pm EST Monday** the week that employees are going to be paid to be considered “on time”.

- * Electronic Timesheet Portal- Evvie
- * Paper timesheet mailed via USPS to ARIS Solutions
- * Timesheet submitted to the online submission portal on the ARIS Solutions website
<https://arissolutions.org/fms-payment-submission/>

What is the online submission portal password?

ArisSubmission%4409





When will my employee get paid?

Employees are paid every other week. A schedule is set in advance that tells you when timesheets need to be submitted and when employees will be paid.

A copy of the schedule is sent to you every year when we update it. If you lose your copy, the schedule is posted on our website (www.arisolutions.org) or you can have another copy sent to you.

What happens if the timesheet is late?

Timesheets must be received by **11:59pm EST Monday** the week that employees are going to be paid to be processed.

If a timesheet arrives late, it will not be processed in the next payroll.

What if the timesheet is missing information or has a mistake on it?

Sometimes timesheets are missing needed information or the information that is included isn't correct. When this happens, we work hard to get what we need so we can pay your employee on time.

We start by calling you. If you get a call from ARIS Solutions—please call us back as soon as possible. We won't be able to process your employee's timesheet until we hear from you and get the information that we need.

If we don't hear from you your caregiver may go unpaid. Once you have corrected the issue, resubmit the timesheet and we will process the timesheet with the corrections.

How do I know how much money is left in the budget?

ARIS Solutions creates an Employer Spending Report every other week—after payroll has been processed—to tell you how much money is available.



Are my employees eligible for unemployment benefits if they no longer work for me?

Maybe. The Department of Labor makes that decision.

If your employee stops working for you, they can contact the Department of Labor to learn more about unemployment benefits.

Are my employees covered by Workers' Compensation insurance, if they get hurt at work?

Good news! Your employees are covered by Worker's Compensation insurance.

If one of your employees has a work-related injury, you must call ARIS Solutions immediately to get the First Report of Injury form. This needs to be filled out and submitted to the insurance broker to enable the employee's to be eligible for benefits.

What is fraud?

Fraud is when an employer and/or employee is untruthful about the services that were provided. This can happen accidentally or on purpose.

What are examples of fraud?

- Sending in a timesheet for services that were not provided
- Sending in a timesheet for one person when the services were provided by someone else
- Sending in the same hours more than once—to have them paid from a different program or just to have them paid twice (call a “duplicate timesheet”)
- Making your employee split their paycheck with you, especially if you are adding hours that they haven't worked to the timesheet

Is fraud serious?

Yes! Fraud is very serious. Fraud is a felony with significant penalties, including:

- A prison sentence of up to 10 years
- A fine of up to \$1,000 or twice the amount illegally paid
- Both a prison sentence and a fine, and
- Not being able to work in a program or facility that receives Medicaid money for at least 5 years
- Not being able to be the employer of record for your child/consumer's services

Who handles fraud?

When we think that fraud might have happened, we must contact the Attorney General's Office. The Fraud and Residential Abuse Unit is a special group of investigators and lawyers who handle these cases. The long-term care agency will also be notified

Who do I contact and when?

Contact **your Community Engagement Specialist or the program that authorizes funding** if you have questions about how to use your services.

Contact **us** if you have questions about your budget or your employees' timesheets:

You can reach us either by calling (800) 798-1658 or emailing enrollment@ARISsolutions.org.





**New MexiCare/Adult Family Care Respite/ Choices for Care/ PDAC/
ASP/ Flexible Choices/ Moderate Needs
(Calendar Year 2024)**

Pay Period Dates	Mail Time Sheet*	EVVie Date*	Pay Date
11/26/2023 - 12/9/2023	12/8/2023	12/11/2023	12/15/2023
12/10/2023 - 12/23/2023	12/22/2023	12/25/2023	12/29/2023
12/24/2023 - 1/6/2024	1/5/2024	1/8/2024	1/12/2024
1/7/2024 - 1/20/2024	1/19/2024	1/22/2024	1/26/2024
1/21/2024 - 2/3/2024	2/2/2024	2/5/2024	2/9/2024
2/4/2024 - 2/17/2024	2/16/2024	2/19/2024	2/23/2024
2/18/2024 - 3/2/2024	3/1/2024	3/4/2024	3/8/2024
3/3/2024 - 3/16/2024	3/15/2024	3/18/2024	3/22/2024
3/17/2024 - 3/30/2024	3/29/2024	4/1/2024	4/5/2024
3/31/2024 - 4/13/2024	4/12/2024	4/15/2024	4/19/2024
4/14/2024 - 4/27/2024	4/26/2024	4/29/2024	5/3/2024
4/28/2024 - 5/11/2024	5/10/2024	5/13/2024	5/17/2024
5/12/2024 - 5/25/2024	5/24/2024	5/27/2024	5/31/2024
5/26/2024 - 6/8/2024	6/7/2024	6/10/2024	6/14/2024
6/9/2024 - 6/22/2024	6/21/2024	6/24/2024	6/28/2024
6/23/2024 - 7/6/2024	7/5/2024	7/8/2024	7/12/2024
7/7/2024 - 7/20/2024	7/19/2024	7/22/2024	7/26/2024
7/21/2024 - 8/3/2024	8/2/2024	8/5/2024	8/9/2024
8/4/2024 - 8/17/2024	8/16/2024	8/19/2024	8/23/2024
8/18/2024 - 8/31/2024	8/30/2024	9/2/2024	9/6/2024
9/1/2024 - 9/14/2024	9/13/2024	9/16/2024	9/20/2024
9/15/2024 - 9/28/2024	9/27/2024	9/30/2024	10/4/2024
9/29/2024 - 10/12/2024	10/11/2024	10/14/2024	10/18/2024
10/13/2024 - 10/26/2024	10/25/2024	10/28/2024	11/1/2024
10/27/2024 - 11/9/2024	11/8/2024	11/11/2024	11/15/2024
11/10/2024 - 11/23/2024	11/22/2024	11/25/2024	11/29/2024
11/24/2024 - 12/7/2024	12/6/2024	12/9/2024	12/13/2024
12/8/2024 - 12/21/2024	12/20/2024	12/23/2024	12/27/2024
12/22/2024 - 1/4/2025	1/3/2025	1/6/2025	1/10/2025

**** Timesheets submitted through EVVie must be received no later than 12:00 p.m. on the EVVie date or timesheets will be held until the next regularly scheduled pay date.**



ALTSD Program Timesheet- New MexiCare

***REQUIRED FIELDS**

Failure to provide the necessary information may result in delays in processing

***EMPLOYEE NAME:** _____ ***LAST FOUR DIGITS OF SS #:** _____

*** PARTICIPANT NAME:** _____ *** EMPLOYER'S PHONE #:** _____

Was the Participant admitted to a hospital or nursing home during any of these dates? Yes _____ No _____

If **YES**, indicate the dates the Participant was **admitted to and discharged from** the hospital or nursing home

NO SERVICES CAN BE PAID WHILE PARTICIPANT IS ADMITTED TO A HOSPITAL/NURSING HOME

*Please Enter Pay Period Date Range:								# of Hours Worked
*Date	*Start Time	A M	P M	*End Time	A M	P M	*Service Code (Personal Care/ Transportation)	
Total Hours Worked for Current Pay Period								

***Start & End times need to be listed in quarter hour increments. Example: 12:00pm, 12:15pm, 12:45pm, etc.**

We (below) certify that the information provided on this form is true, accurate and complete.

***Employee Signature** _____ **Date** _____

***Employer Signature** _____ **Date** _____

Timesheets received by ARIS Solutions after the due dates on the Payroll Schedule will be processed for the next scheduled pay date.

Mail timesheets to: ARIS Solutions- PO Box 4409 White River Jct., VT 05001
Phone: 1-800-798-1658 **Fax:** 1-802-295-0663
Secure Portal: <https://arissolutions.org/fms-payment-submission/>

Please note it is the Representative-Employer’s responsibility to ensure the accuracy of the service codes used. Be sure to review prior to submission, especially when a Back-up worker is utilized.



ATTENTION ALL EMPLOYEES, EMPLOYERS, AND AGENCIES

ARIS Solutions' utilizes a submission platform on our website as one means for timesheet submission. We felt it may be helpful to provide clarifying information to address some of the questions we have received.

- **The web address to access the new portal is:**
<https://arissolutions.org/fms-payment-submission/>
- **This change is only applicable to those who had been submitting timesheets via email.** Those who send in timesheets via fax, USPS, or via EVVie may continue.
- **The portal is for timesheet and invoice submissions only.** Please continue to send packets, and general correspondence through the email address.
- **Submissions may be made by either the employer or the employee.**
- **All timesheet submissions must be entered under the name of the employee.** Entries may not be entered under the name of the employer or veteran.
- **Please send only one timesheet per submission.**
- **Each submission should include a timesheet for only one employee.** Submissions containing multiple employees are not permissible.
- **There will be no email confirmation.** Instead of an email, a unique code will appear on your screen once a timesheet has been successfully submitted.
- **The new timesheet portal requires a pass code, but not a log-in.** If you have been asked for log-in information, then you have likely arrived at our electronic timesheet option. If you are interested in enrolling in e-timesheets, please reach out to veteran payroll customer service for assistance.

Your password will be:
ArisSubmission%4409

Then, enter your first and last name, your State and upload the timesheet file. You will receive a unique submission number for that timesheet. Record this number. If you are unsure if the file was successfully submitted, we can be reached at 1.800.798.1658.

Dedicated to Your Peace of Mind

Tel. 800.798.1658 ▪ Fax: 802-295-0663 ▪ PO Box 4409 ▪ White River Jct., VT 05001
www.ARISsolutions.org