



TO: Consumers of the CDC Program

FROM: Fiscal Intermediary Department

RE: Employment Packages

Welcome to the Tempus Unlimited, Inc. Fiscal Intermediary (FI) program. Enclosed please find all the pre-populated forms you will need to sign, date and return to us in order to start your participation in the FI Program. The following is a list of the forms and a brief description of their use:

**Consumer Directed Care (CDC) Agreement Between Consumer and Agency:** The Consumer Directed Care (CDC) Agreement Between the Consumer and Agency explains how Tempus Unlimited, Inc. performs the Federal and State required paperwork in their role as a Fiscal Intermediary for the Consumer. The Consumer, Legal Guardian, and Surrogate (if applicable) signs this form.

**SS-4 Application for Employer Identification Number (EIN):** Each Consumer is an employer in the FI program. You will need an Employer Identification Number (EIN) in order for Tempus Unlimited, Inc. to report tax withholding and other information for your workers, to the Internal Revenue Service. This form is required by the Federal Government. The Consumer, Legal Guardian or POA completes and signs this form.

**Form TA-1 Application for Original Registration:** This application is similar to the SS-4 above, however it is required by the State of Massachusetts. The Consumer, Legal Guardian or POA completes and signs this form.

**8821 Tax Information Authorization:** This form will allow Tempus Unlimited, Inc. to inspect and receive information about the tax forms indicated on line 3(b) and for the tax periods indicated on line 3(c) on form 8821. The Consumer, Legal Guardian or POA completes and signs this form.

**2678 Consumer Appointment of Agent:** This form will allow Tempus Unlimited, Inc. to file the appropriate forms with the Internal Revenue Service (IRS) as an agent of the Consumer. The Consumer, Legal Guardian or POA completes and signs this form.

**M-2848 Power of Attorney and Declaration of Representative:** This form allows Tempus Unlimited, Inc. the Power of Attorney for the following forms we file on your behalf: The State Income Tax withholding and the TA-1 Application. The Consumer, Legal Guardian or POA completes and signs this form.

**Fiscal Intermediary Procedure for Submitting Complaints and Grievances:** This policy explains how you would proceed in filing a grievance if you were ever unhappy with the services Tempus Unlimited, Inc. provides.

**Tempus Unlimited, Inc. Notice of Privacy Practices (NPP):** The NPP describes how Protected Health Information (PHI) about you may be used or disclosed, and how you may access this information.

**Consent to the Use and Disclosure of Protected Health Information:** By completing and signing this form, the Consumer acknowledges consent/non-consent regarding the release of PHI and permission to leave detailed voicemails on home/cell phone.

**Department of Industrial Accidents Notice to Employees:** As an Consumer in Massachusetts, you need to post this Notice where your workers can see it. In the event that one of your workers is injured while working for you, the name and telephone number of your Workers' Compensation Insurance Company are on the form. **Please fill in your name and address before posting.**

**Change of Consumer Address Form:** If you (Consumer) should move, we require a signed change of address form or a letter of instruction to make the change **(we cannot accept changes over the phone)**. Payroll packages are mailed directly to the Consumer/Surrogate address and we cannot re-direct the payroll package unless we have received a signed request.

**Emergency Notification System (RAVE):** We will use the system to notify you of office closings, important updates and other information that we need to provide quickly. Registration is not required however; an opt-out letter is mailed for those that prefer to not receive these notifications.

Please complete these forms as soon as possible and return them via the fax at the number listed below or mail them to our office at the address listed below. Once we have received your completed FI forms **and you receive a prior approval from MassHealth** informing you of the number of hours you are authorized to use per week, we will mail timesheets and forms for your workers to complete in order to process their payrolls.

If you have any questions, please contact Tempus Unlimited, Inc. at Toll-Free at 1-877-479-7577 Monday through Friday between the hours of 7:30AM and 4:30PM. One of our Consumer Relations Specialists will be happy to assist you.



## **Fiscal Intermediary Procedure for submitting Complaints and Grievances**

Tempus Unlimited, Inc. processes payrolls and related tax filings as the Fiscal Intermediary (FI) for consumers in the Consumer Directed Care (CDC) Program. Tempus Unlimited, Inc. is obligated to provide these services in a professional, courteous and timely manner. Consumers or Surrogates should feel free to voice their concerns whenever they believe these standards are not being met.

- I. If a consumer or surrogate is unhappy with the service, or with a representative of the FI, they can call (toll-free at 877-479-7577), fax, (800-359-2884) , email to: [MAFMS@tempusunlimited.org](mailto:MAFMS@tempusunlimited.org), include the word “Complaint” in the subject line, or mail your letter to the Consumer Relations Supervisor at Tempus Unlimited, Inc., 600 Technology Center Drive, Stoughton, MA 02072. The Consumer Relations Supervisor will review the circumstances regarding the complaint and attempt to resolve the issue within 24 hours of receiving the request. The consumer will be informed of the resolution using the same method as the complainant (telephone, fax, or mail).
- II. If a consumer is not satisfied with the action taken by the Consumer Relations Supervisor, and they feel strongly that their complaint is the result of a violation of law, or regulation, or egregious error or service, they can send an email to: [Grievance@tempusunlimited.org](mailto:Grievance@tempusunlimited.org), or mail to 600 Technology Center Drive, Stoughton, MA. 02072, ATTN: Compliance Department. The Compliance Office will review the circumstances regarding the grievance and will attempt to resolve the issue within 24 hours of receiving the request. The consumer will be informed of the resolution using the same method as the complainant (telephone, fax, or mail).
- III. If a consumer is not satisfied with the action taken by the Compliance Department, the grievance will be forwarded to the CEO/FI Director via email and/or consumer should submit their grievance by US Mail to Chief Executive Officer/Fiscal Intermediary Director, 600 Technology Center, Stoughton, MA 02072. The CEO/FI Director will conduct an investigation of the circumstances through telephone interviews, personal interviews and/or reviews of written or printed documents relating to the issues.
- IV. Within ten days of receiving the written grievance, the CEO/FI Director will issue a decision in writing to the consumer using the same method as the complainant (email or mail).
- V. If the consumer is dissatisfied with the decision of the CEO/FI Director, the grievance will be transferred to the appropriate parties at the Aging Service Access Point (ASAP) and Executive Office of Elder Affairs (EOEA).



Notice of Privacy Practices

August, 2021

This notice describes how Protected Health Information about you may be used and disclosed, and how you can get access to this information. Please review it carefully.

This notice is provided on behalf of Tempus Unlimited, Inc. herein named the Agency.

**PURPOSE:** This notice of Privacy Practices describes how we may use and disclose your Protected Health Information to carry out payment for Fiscal Intermediary program services, required by the contract entered into between the Massachusetts Executive Office of Health and Human Services and Tempus Unlimited, Inc. Protected Health Information is information that may identify the Consumer and that relates to the consumer's past, present or future physical or mental health, and may include name, address, phone numbers and other identifying information.

We are required by law to give you this notice and to maintain the privacy and security of your protected health information.

We must abide by this Notice, but we reserve the right to change the privacy practices described in it. A current version of this Notice, may be obtained from the Agency website, [www.tempusunlimited.org](http://www.tempusunlimited.org), and will be posted in our offices. You may also request a current copy by sending a written request to the Agency Compliance Department, 600 Technology Center Drive, Stoughton, MA 02072

We understand that medical information about you and your health is personal and confidential, and we are committed to protecting the confidentiality of your Protected Health Information. We create a record of the care and services you receive at the Agency. We need this record to provide services to you and to comply with certain legal requirements. This Notice will tell you about the ways we may use and disclose your information. We also describe your rights and certain obligations we have to use and disclose your protected health information.

If you believe your Privacy Rights have been violated, you may make a complaint to us or to the US Secretary of Health and Human Services at: <http://www.hhs.gov/>. To file a complaint with us, you may send a letter describing the violation to Tempus Unlimited, Inc. Compliance Department, 600 Technology Center Drive, Stoughton, MA 02072. You also may email a complaint to [Grievance@TempusUnlimited.org](mailto:Grievance@TempusUnlimited.org).

There will be no retaliation for filing a complaint.

**WHO WILL FOLLOW THIS NOTICE:** This notice describes the practices of Agency health care professionals, employees, volunteers and others who work in any of the Tempus Unlimited, Inc. Programs that you may participate in.

#### **Your Privacy Rights:**

You have the following rights relating to your Protected Health Information and may:

- Obtain a current paper copy of this Notice.
- Inspect or obtain a copy of Agency created documents. Your request to obtain a copy of these documents must be in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or other designated individual.
- Request that we amend your Protected Health Information (PHI), if you feel the information is incomplete or incorrect.
- Obtain a record of certain disclosures of Protected Health Information.
- We will obtain your written permission for uses and disclosures of your Protected Health information sent to you by alternative means or at alternative locations.
- We will obtain your permission for uses and disclosures of your Protected Health Information that are not covered by the Notice or permitted by law. Except to the extent that the use or disclosure has already occurred, you may cancel this permission. This request to cancel must be put in writing or in a format that allows us to verify the requestor as the Consumer or Guardian or other designated individual.

## **Our Responsibilities:**

We are required by law, to maintain the privacy and security of your protected health information and to abide by the terms of this Notice. We will let you know promptly if an incident occurs that may have compromised the privacy or security of your information. We must follow the duties and privacy practices described in this notice and give you a copy of it. We will not use or share your information other than as described here unless you tell us we can. If you tell us we can, you may change your mind at any time. We will request that you submit that request in writing. We will offer an accommodation to document your request if needed.

## **Examples of Uses and Disclosures**

We will use your Protected Health information to provide services.

- Public Health: We may give your Protected Health Information to public health agencies who are charged with preventing or controlling disease, injury or disability and is required by law.
- Communicable Disease: We may disclose your Protected Health information to a person who may have been exposed to a communicable disease or may be otherwise at risk of contracting or spreading the disease or condition, if authorized by law to do so, such as a disease requiring isolation.
- Law Enforcement: We must disclose your Protected Health Information for law enforcement purposes as required by law.
- As Required by Law: We must disclose your protected health Information when required by federal, state or local law.
- Health Oversight: We must disclose your Protected Health Information to a health oversight agency for activities authorized by law, such as investigations and inspections. Oversight Agencies are those that oversee the healthcare system, government benefit programs, such as Medicaid, and other government regulatory programs.
- Abuse or Neglect: we must disclose your Protected Health Information to government authorities that are authorized by law to receive reports of suspected abuse or neglect.
- Legal Proceedings: We may disclose your protected Health information in the course of any judicial or administrative proceeding or in response to a court order, subpoena, discovery request or other lawful process.
- Required Uses and Disclosures: We must make disclosures when required by the Secretary of the Department of Health and Human Services to investigate or determine our compliance with the HIPAA Privacy Regulations.
- To Avoid Harm: We may use and disclose information about you when necessary to prevent a serious threat to your health or safety or the health or safety of the public or another person.
- For Specific Government Functions: In certain situations, we may disclose Protected Health Information of veterans. We may disclose your Protected Health Information for national security activities required by law.



Aviso sobre las prácticas de privacidad

Agosto 2021

Este aviso describe como la Información de Salud Protegida sobre usted puede ser utilizada y divulgada y la manera en la que usted puede adquirir acceso a esta información. Por favor revise este aviso cuidadosamente.

Este aviso es provisto por parte de Tempus Unlimited, Inc., aquí nombrado como la Agencia.

**PROPÓSITO:** Este aviso sobre las prácticas de privacidad describe cómo podemos utilizar y divulgar su información médica protegida para llevar a cabo tratamientos, pagos u operaciones de atención médica y para otros fines permitidos o requeridos por la ley. La información médica protegida es información que puede identificar al consumidor y que está relacionada con la salud física o mental del consumidor, ya sea pasada, presente o futura y podría incluir el nombre, la dirección, los números telefónicos y otra información identificativa.

Se nos requiere por ley darle este aviso a usted y mantener la privacidad y la seguridad de su información médica protegida.

Debemos cumplir con este Aviso, pero nos reservamos el derecho de cambiar las prácticas de privacidad descritas en él. Se puede obtener una versión actualizada de este Aviso en la página de web de la agencia, [www.tempusunlimited.org](http://www.tempusunlimited.org), y estará publicado en nuestras oficinas. También puede solicitar una copia actualizada enviando una solicitud por escrito al Departamento de Cumplimiento de la Agencia, 600 Technology Center Drive, Stoughton, MA 02072.

Entendemos que la información médica sobre usted y sobre su salud es personal y confidencial y estamos comprometidos a proteger la confidencialidad de su información de salud protegida. Hemos creado un registro sobre el cuidado y los servicios que usted recibe a través de la agencia. Necesitamos este registro para poder proveer servicios y para poder cumplir con ciertos requisitos legales. Este Aviso le informará sobre las formas en que podemos utilizar y divulgar su información. También le describimos sus derechos y ciertas obligaciones que tenemos para utilizar y divulgar su información médica protegida.

Si usted cree que sus derechos de privacidad han sido violados, usted puede someter una queja a nosotros o al Secretario de la Salud y Servicios Humanos de Estados Unidos en la página de web <http://www.hhs.gov/>. Para someter una queja ante nosotros, puede enviar una carta a la agencia describiendo la violación al Departamento de Cumplimiento 600 Technology Center Drive, Stoughton, MA 02072. También puede someter una queja a través de correo electrónico dirigido a [Grievance@TempusUnlimited.org](mailto:Grievance@TempusUnlimited.org).

No habrá represalias por someter una queja.

**QUIENES SEGUIRÁN ESTE AVISO:** Este aviso describe las prácticas de la agencia, los profesionales de la salud, los empleados, los voluntarios y otras personas que trabajan en cualquiera de los programas de Tempus Unlimited, Inc. en los que usted posiblemente participe.

### **Sus derechos de privacidad:**

Usted tiene los siguientes derechos en relación a su información de salud protegida y puede:

- Obtener una copia impresa actualizada de este Aviso.
- Inspeccionar u obtener una copia de los documentos creados por la agencia. Su solicitud para obtener una copia de estos documentos tiene que ser sometida por escrito o en un formato que nos permita verificar al solicitante como el consumidor o guardián u otra persona designada.
- Solicitar que modifiquemos su información médica protegida (PHI, por sus siglas en inglés) si usted cree que la información está incompleta o incorrecta.

- Obtener un registro de ciertas divulgaciones de información médica protegida.
- Obtendremos su permiso por escrito para que los usos y divulgaciones de su información de salud protegida se le envíe a través de medios alternativos o en localizaciones alternativas.
- Obtendremos su permiso por escrito para que los usos y divulgaciones de su información de salud protegida que no sea cubierta por el aviso o permitido a través de la ley. Usted puede cancelar este permiso excepto en la medida en que el uso o la divulgación ya haya ocurrido. Este pedido para ser cancelado tiene que ser sometido por escrito o en un formato que nos permita verificar al solicitante como el consumidor o guardián u otra persona designada.

### **Nuestras responsabilidades:**

Se nos requiere por ley mantener la privacidad y la seguridad de su información médica protegida y cumplir con los términos de este aviso. Le dejaremos saber prontamente si ocurre algún incidente que pueda haber comprometido la privacidad o seguridad de su información. Debemos de seguir los deberes y prácticas de privacidad que se describen en este aviso y darle una copia a usted. No usaremos ni compartiremos su información de otra manera que no sea la descrita aquí a menos que usted nos diga que podemos. Si nos dice que podemos, puede cambiar de opinión en cualquier momento. Le solicitaremos que envíe esa solicitud por escrito. Ofreceremos una adaptación para documentar su solicitud si es necesario.

### **Ejemplos de usos y divulgaciones:**

Utilizaremos su información médica protegida para brindar servicios.

- Salud pública: Podemos compartir su información médica protegida con agencias de salud pública que están encargadas de prevenir o controlar enfermedades, lesiones o discapacidades y que sea requerido por la ley.
- Enfermedad contagiosa: Podemos divulgar su información médica protegida a alguna persona que pueda haber estado expuesta a alguna enfermedad contagiosa o que pueda estar en riesgo de contraer o propagar la enfermedad o condición, como alguna enfermedad que requiera aislamiento, si así lo autoriza la ley.
- Ejecución de la ley: Debemos divulgar su información médica protegida para fines de la ejecución de la ley, según sea requerido por la ley.
- Según lo exija la ley: Debemos divulgar su información médica protegida cuando así lo exija la ley federal, estatal o local.
- Supervisión de la salud: Debemos divulgar su información de salud protegida a una agencia de supervisión de la salud para las actividades autorizadas por la ley, tales como investigaciones e inspecciones. Las agencias de supervisión son aquellas que supervisan el sistema de salud, los programas de beneficios del gobierno como Medicaid, y otros programas regulatorios gubernamentales.
- Abuso o negligencia: Debemos divulgar su información médica protegida a las autoridades gubernamentales que están autorizadas por la ley para recibir informes sobre sospechas de abuso o de negligencia.
- Procedimientos legales: Podemos divulgar su información médica protegida en durante el curso de cualquier procedimiento judicial o administrativo o en respuesta a una orden judicial, citación, solicitud de proposición u otro proceso legal.
- Requerimiento de usos y divulgaciones: Debemos hacer divulgaciones cuando así lo requiera el Secretario del Departamento de Salud y Servicios Humanos para investigar o determinar nuestro cumplimiento con las Regulaciones de Privacidad de HIPAA.
- Para evitar daños: Podemos utilizar y divulgar información sobre usted cuando sea necesario para prevenir una amenaza grave a su salud o seguridad o la salud o seguridad del público o de otra persona.
- Para funciones gubernamentales específicas: Podemos divulgar información médica protegida de veteranos en ciertas situaciones. Podemos divulgar su información médica protegida para actividades de seguridad nacional requeridas por la ley.

# Change Form and Supply Request

**Tempus Unlimited, Inc. - 600 Technology Center Drive Stoughton MA 02072 - Phone (877)479-7577 Fax (800)359-2884**

This Change Form is submitted to change information for **(check one)**:  Consumer/Participant  PCA/Worker

Consumer/Participant #	Consumer/Participant Name	Type of Change (Required)	Change Requested By (Required)
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Consumer/Participant Address	<input type="checkbox"/> Consumer/Participant
Last 4 Digits of SSN	PCA/Worker Name	<input type="checkbox"/> PCA/Worker Address	<input type="checkbox"/> Surrogate
<input type="text"/>	<input type="text"/>		<input type="checkbox"/> PCA/Worker
			<input type="checkbox"/> PCM/CM

**If you have terminated a PCA/Worker, you must complete a PCA/Worker Employment Termination Form. You can obtain this form from our website <https://tempusunlimited.org/> or by contacting us @ 1-877-479-7577. A Consumer Relations Specialist will be happy to assist.**

First Name	Initial
<input type="text"/>	<input type="text"/>
Last Name	
<input type="text"/>	
Address	
<input type="text"/>	
City	State ZIP Code
<input type="text"/>	<input type="text"/>
Phone Number	Cell Phone Number
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>
Email Address	
<input type="text"/>	

Consumer/Participant/Surrogate Name (Print)	Consumer/Participant/Surrogate Signature	Date
PCA/Worker Name (Print)	PCA/Worker Signature	Date
PCM/CM Staff Name/Title (Print)	PCM/CM Staff Signature	Date

**Supply Request:**

- Timesheets  
  FI Paid Time Off Timesheets  
  Payment Schedule  
  New Hire Paperwork (NHP)  
  Form W4  
  E-Timesheet Application  
 Direct Deposit Application  
  Debit Card Application  
  Change Forms  
  Other: \_\_\_\_\_



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## Change Form and Supply Request Instructions

### Change Form

- Check who the change form is being submitted for (Consumer/Participant or PCA/Worker)

This Change Form is submitted to change information for (check one):  Consumer/Participant  PCA/Worker

- Enter Consumer/Participant # and Participant/ Consumer Name
- Enter Last 4 of SSN and PCA/Worker Name (if applicable)
- Check Type of Change and Change Requested By

Type of Change (Required)	Change Requested By (Required)
<input type="checkbox"/> Consumer/Participant Home Address	<input type="checkbox"/> Consumer/Participant
<input type="checkbox"/> PCA/Worker Home Address	<input type="checkbox"/> Surrogate
<input type="checkbox"/> Consumer/Participant Mailing Address	<input type="checkbox"/> PCA/Worker
<input type="checkbox"/> PCA/Worker Mailing Address	<input type="checkbox"/> PCM/CM

- Enter information to be updated
  - First Name
  - Middle Initial (if applicable)
  - Last Name
  - Address
  - City, State and Zip Code
  - Phone Number
  - Cell Number
  - Email Address
  - Appropriate Individual should Print Name, Sign and Date the form

### Signatures

- Only the Consumer/Participant/Surrogate or PCM Staff can update Consumer Information
- Only the PCA/Worker can update PCA Information

### Supply Request

- Check the forms you would like to be mailed to you (you can check more than one box).

***Completed forms can be sent via Mail, Fax or Email (see top of page one). All requests will be processed in the order they are received***



## **WHO MAY NOT BE A WORKER**

Spouse

Surrogate

Any Legally Responsible Relative  
of the Waiver Participant



TO: Consumers of the CDC Program

FROM: Fiscal Intermediary Department

RE: Workers' Compensation for Employees

The Tempus Unlimited, Inc. Fiscal Intermediary Department provides each consumer with Workers' Compensation Insurance in the event an employee becomes injured while working for a consumer. Consumers are required to notify employees that they are eligible for Workers' Compensation along with the necessary information to report an injury.

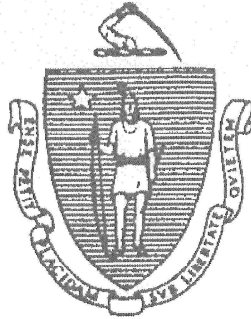
On the reverse side of this notice, please find a *NOTICE TO EMPLOYEES* that has been completed with the name and address of the Insurance Company along with the name and address of the Insurance Agent. Each consumer must complete the Employer section (consumer name) and Address section (consumer address) and post the *NOTICE TO EMPLOYEES* in a suitable public area on their premises. This notice is also available on our website at <http://www.tempusunlimited.org/>

The following is information you need to know about your Workers' Compensation Policy:

Atlantic Charter  
25 New Chardon St.  
Boston, MA 02114

If an employee should become injured while working for you please advise them to contact Atlantic Charter Insurance Company at 617-488-6500.

**NOTICE  
TO  
EMPLOYEES**



**NOTICE  
TO  
EMPLOYEES**

**The Commonwealth of Massachusetts  
DEPARTMENT OF INDUSTRIAL ACCIDENTS**

600 Washington Street, Boston, Massachusetts 02111  
617-727-4900 - <http://www.mass.gov/dia>

As required by Massachusetts General Law, Chapter 152, Sections 21, 22 & 30, this will give you notice that I (we) have provided for payment to our injured employees under the above-mentioned chapter by insuring with:

**Atlantic Charter Insurance Company 617-488-6500**

NAME OF INSURANCE COMPANY

**25 New Chardon Street, Boston, MA 02114**

ADDRESS OF INSURANCE COMPANY

POLICY NUMBER

EFFECTIVE DATES

**HUB International, 229 Ballardvale St., Wilmington, MA 01887 978-657-5100**

NAME OF INSURANCE AGENT

ADDRESS

PHONE #

EMPLOYER

ADDRESS

EMPLOYER'S WORKERS' COMPENSATION OFFICER (IF ANY) DATE

**MEDICAL TREATMENT**

The above-named insurer is required in cases of personal injuries arising out of and in the course of employment to furnish adequate and reasonable hospital and medical services in accordance with the provisions of the Workers' Compensation Act. A copy of the First Report of Injury must be given to the injured employee. The employee may select his or her own physician. The reasonable cost of the services provided by the treating physician will be paid by the insurer, if the treatment is necessary and reasonably connected to the work related injury. In cases requiring hospital attention, employees are hereby notified that the insurer has arranged for such attention at the

**Nearest Hospital to Consumer's Home**

NAME OF HOSPITAL

ADDRESS

**TO BE POSTED BY EMPLOYER**



### IMPORTANT INFORMATION ON TAXES

While on the CDC program, you may receive in the mail various forms from certain government agencies. For example: Massachusetts Division of Unemployment Assistance (DUA), the Internal Revenue Service (IRS) and the Massachusetts Department of Revenue (DOR), to name a few.

**At no time, should there ever be any financial charges to a consumer personally, and we never expect you to remit any monies in response to these notices.** If you receive anything stating money is owed, immediately fax or mail it to the Fiscal Intermediary office at the address on this stationery. We will take care of the situation.

Tempus Unlimited, Inc. pays your Unemployment Insurance, Social Security/Medicare and Worker's Compensation Insurance for your CDC program, and also pays quarterly withholding taxes to the IRS on your behalf. Any paperwork you may receive regarding filing quarterly taxes should be disregarded **unless there is a monetary demand for payment of quarterly taxes.** In that case, please forward said forms directly to this office and we will resolve the issue.

You may receive blank forms at the end of each quarter (March, June, September and December) on which to file quarterly taxes. Since **WE FILE THESE ELECTRONICALLY** for you, you may throw them out. Again, if you do get a notice from the IRS that these taxes have not been paid, showing a dollar amount due, please mail or fax to us and we will research and resolve the problem.

I hope this will help to ease your mind regarding various notifications you may receive. If you have any questions, feel free to call Tempus Unlimited, Inc. or your Case Manager at your ASAP.