



FREEDOM
LAW SCHOOL

FreedomLawSchool.org

Phone: (813) 444-4800

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Employer Freedom Plan *Application*

(Please fill in the blanks clearly and legibly.)

Application for membership in the Employer Freedom Plan for:

Sponsoring RFP Member name(s) _____

Business name(s) (if applicable) _____

Business phone _____ Bus. email _____

Business street address _____

City _____ State _____ ZIP _____

Type of business (circle one): Single-member LLC Multi-member LLC

Partnership C-corp. S-corp. Trust PMA Other _____

Role of Applicant(s) in the business _____ (i.e. member,

partner, shareholder). Percentage of ownership _____%

Does your business have any unsettled issues, either civil (money) or criminal, with the IRS, state, county, or city income tax agency?

_____ **Yes**¹ _____ **No** If yes, please explain. (Use a separate sheet of paper, if necessary: _____

¹ No one is turned away due to a pre-existing condition with the IRS or a state or local income tax agency. However, in case of a "Yes" answer to any of the above questions, you may incur additional costs owed to Freedom Law School to defend you or assist you with your pre-existing condition.

Limited Service Agreement

I (or We) hereby request to be a member or joint members of the Employer Freedom Plan (EFP), which is designed to restore honest, responsive, limited government to the United States of America.

I (or We) will email, fax or mail to Freedom Law School in a timely manner a copy of any and all correspondence related to the business's federal, state, or local income or employment tax related issues, or any other correspondence that may affect the business's employment or unemployment taxes or the employees' income taxes.

Freedom Law School will review the above correspondence and as needed, prepare a legally correct response, which I (or we) will print, sign and mail as instructed.

With this document I am (or we are) submitting an initial Enrollment Fee of **\$500 for each current employee**. For each new employee hired, I (or we) will pay an additional \$500 Enrollment Fee within 30 days of hiring. The number of current employees (not including myself or ourselves) is _____, so the initial Enrollment Fee totals \$_____ (number of employees multiplied by \$500).

I (or We) agree to provide Freedom Law School with the full legal name, residential street address, phone number and email address of each employee. If two employees are married to each other, please let us know that. Non-employee spouses are not covered as Employee Restore Freedom Plan members without a separate RFP agreement.

I (or We) will cooperate with Freedom Law School to end all payroll taxes and federal income tax withholding (and subsequent reporting) by the last day of the second calendar month after acceptance of this EFP Application, which is a 30 to 60 day enrollment period.

Within 30 days after the first month of ending the deduction and withholding of federal income taxes, FICA taxes ("Social Security" and "Medicare"), and FUTA taxes (Federal Unemployment Tax Act), and for each month thereafter, I (or we) will report

the total wages and salaries of all employees and send Freedom Law School **5.0%** of that amount. I (or We) will call FLS to make payment arrangements.

I (or We) have read and understood the EFP Agreement, which can be found at freedomlawschool.org/efp-agreement, and I (or we) agree to abide by these terms and conditions.

Date: _____. Amount enclosed: \$ _____. How Paid: **Cash / Crypto**
(Send **cash** by Priority or Express Mail. It is against the law for anyone to open U.S. Mail except the recipient, even the IRS, the FBI, and other federal agencies. Call to pay with **cryptocurrency**.)

Applicant's signature

Co-applicant's signature

Make a copy of the completed and signed application for your records and mail the original along with **cash** payment by Priority Mail® or Priority Mail Express® to:

Freedom Law School
PO Box 10599
Brooksville FL 34603

Upon mailing the application and funds, call Freedom Law School at (813) 444-4800 to tell us the tracking number so your funds are not at risk of loss.

Freedom Law School's acceptance signature: _____

Date _____

FLS Notes: _____