



Fiscal Employer Agent (F/EA) Enrollment Guide

Pennsylvania - CLE

June 2024

PALCO

palcofirst.com | info@palcofirst.com

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Introduction and Process Flow

This document will provide you with key information related to the forms you are signing via Intake. Once you have completed your enrollment online, Palco will process your information and complete any program necessary checks and steps to get you enrolled. If you have forms a part of your enrollment that required a download and signature by multiple parties, please submit that immediately to enrollment@palcofirst.com. You can also submit any supporting documentation to this inbox. Processing of enrollment forms will take approximately 3 business days.

Once everything is complete, Palco will issue each enrollee a “good-to-go” notification that indicates the process is complete. Palco cannot pay for services prior to the good-to-go date indicated in the email. For more information about time entry and payment processing, visit www.palcofirst.com and navigate to your program specific webpage.

In addition to the website, Palco has a web-based training library where you can find videos and tutorials for all of your functions with the Palco system. You can find this via the Palco homepage or by visiting <https://www.gotostage.com/channel/palcotraining>.

Typical Program Enrollment Process Flow:

(process may vary based on program specifics)

1. Referral to Palco by Case Manager/Support Coordinator following the completion of any program prerequisites.
2. Initial contact by Palco Enrollment Specialist to initiate training and provide online enrollment link.
3. Enrollee completes online enrollment and submits required forms and documentation as necessary.
4. Palco Enrollment Specialist processes forms and completes any required checks and qualifications to ensure program compliance.
 - a. This may include a requirement for certain care providers / workers to also be enrolled to proceed.
5. Palco Enrollment Specialists requests budget / authorization from Case Manager / Support Coordinator for services to begin.
6. Budget / authorization is provided and entered into the Palco system.
7. Good-to-Go notification is issued to all enrollees who have completed the process with an effective date for when services can begin.



Common Law Employer Agreement

The Common Law Employer Agreement Form is a three-page form that outlines the requirements and responsibilities of the employer. It is an internal Palco form and requires the signature of the CLE and the date.

Common Law Employer (CLE) Agreement

As the CLE, I accept the responsibility as the legal employer of the qualified Support Service Professional(s) (SSP). The CLE has the ability to exercise decision-making authority over some or all of the services and supports as authorized in the Individual Service Plan (ISP).

PARTICIPANT INFORMATION		
First Name	ID	Program/Plan

COMMON LAW EMPLOYER INFORMATION		
First Name	Last Name	ID or Last 4 of SSN

Common Law Employer Requirements
 The Participant or surrogate, when appointed by the Participant, must meet the following criteria in order to be the Common Law Employer:

- Be at least 18 years of age or older.
- Must attest in writing that they have no convictions reported as per the Older Adult Protective Services Act (OAPSA) [35 P.S. §10225.101 et. seq. and 6 PA. Code Chapter 15], and when service a child under 18, conduct child abuse clearances as per the Child Protective Services Law (CPSL) [23 Pa. C.S. Chapter 63].
- Be a resident of Pennsylvania for two (2) calendar years immediately preceding the date of request to become a Common Law Employer.
 - If the Common Law Employer has not been a Pennsylvania resident for the previous two (2) years or is not currently a resident, the Common Law Employer must attest in writing that they have no convictions reported in the Federal Criminal History Record from the Federal Bureau of Investigation (FBI), in addition to the Criminal History Record from the State Police.
- Participates in required training as notified by ODP and Palco.
- Enters into and maintain compliance with all agreements related to the VF/EA FMS model.
- Agrees to perform all the tasks outlined in the CLE Responsibilities Section.
- Agrees to work with the Supports Coordinator (SC) to develop and revise the Participant's ISP as needed and required.
- Agrees to participate in SC monitoring at the required frequency and location outlined in the approved Waivers.
- Agrees to work with the Supports Broker when the Supports Broker service has been authorized on the Participant's ISP.

Common Law Employer (CLE) Responsibilities


1. Enroll with VF/EA FMS and complete the required documents.
2. Agree to manage the authorized participant-directed service in accordance with the Common Law Employer Agreement.

EN-380021-CLA-1.0
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Common Law Employer Authorization Agreement

The Employer Authorization Agreement Form is a two-page form that outlines Palco’s responsibilities as the fiscal/employer-agent and authorizes Palco to ensure compliance with the IRS and other federal and state tax authorities on the employer’s behalf. It is an internal Palco form and requires the employer’s signature and date at the bottom.



Common Law Employer (CLE) Authorization Agreement

PARTICIPANT INFORMATION		
Full Name	ID	Program/Plan

COMMON LAW EMPLOYER INFORMATION		
First Name	Last Name	ID or Last 4 of SSN

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

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

I understand and agree with my responsibilities as the Common Law Employer. I understand and agree with my responsibilities as they relate to participating in the PDS program and enrolling with Palco. If I am a surrogate, I understand and agree with my responsibilities and will act on behalf of the Participant who designated me as the Common Law Employer.

EN-380021-CEA-1.0
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Participant Directed Services Back-Up Plan

The Participant Directed Services Back-up Plan is used to identify an individual that in the event a regularly scheduled SSP is unable to provide the authorized services to the participant, they will provide the services as the designated backup support coverage person as indicated on the plan.

Participant Directed Services Back-up Plan

PARTICIPANT INFORMATION			
Full Name	ID	Program/Plan	

EMPLOYER INFORMATION			
Full Name	ID	Program/Plan	

BACK-UP COVERAGE INFORMATION			
Check one box and fill in the Back-up SSP's information.			
<input type="checkbox"/> Qualified SSP	<input type="checkbox"/> Natural Support	<input type="checkbox"/> Traditional Provider	
Name			
Physical Address (Street Address, Including Apt. #)			
City	State	Zip	County
Mailing Address (Street Address, Including Apt. #) – if different than the physical address			
City	State	Zip	County
Phone1	Phone2	Email	

Services and Availability:
 Indicate the services (by code) to be covered, as well as the days and times the back-up person is available.

SERVICES AND AVAILABILITY OF BACK-UP		
Service	Day	Time

Page 1 of 2
EN-380021-BUP-1.0



SS-4 Application for Employer Identification Number

The SS-4 form allows Palco to apply for and obtain a Federal Employer Identification Number (FEIN) on behalf of the employer. Palco will obtain a very specific FEIN on behalf of the employer that is classified as a Home Care Service Recipient (HCSR) ID type. This HCSR ID is non-income generating which ensures it will never have an effect on the employer’s personal taxes.

This is an external form and has many required fields, via the system. The employer will sign and date as Palco has pre-filled the rest. Palco will submit the form to the necessary Federal agency when appropriate.

SS-4 Form (Rev. December 2019) Department of the Treasury Internal Revenue Service		Application for Employer Identification Number (For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.) ▶ Go to www.irs.gov/FormSS4 for instructions and the latest information. ▶ See separate instructions for each line. ▶ Keep a copy for your records.		OMB No. 1545-0003 EIN
1 Legal name of entity (or individual) for whom the EIN is being requested				
2 Trade name of business (if different from name on line 1) Palco, Inc		3 Executor, administrator, trustee, "care of" name Palco, Inc. as 3504 Fiscal Employer Agent		
4a Mailing address (room, apt., suite no. and street, or P.O. box) PO Box 242930		5a Street address (if different) (Don't enter a P.O. box.)		
4b City, state, and ZIP code (if foreign, see instructions) Little Rock, AR 72223		5b 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 <input type="checkbox"/> Yes <input type="checkbox"/> No				
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.				
<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) ▶ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises <input checked="" type="checkbox"/> Other (specify) ▶ Household Employer (HCSR) <input type="checkbox"/> 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)				
<input type="checkbox"/> Started new business (specify type) ▶ <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 checked="" type="checkbox"/> Other (specify) ▶ Household Employer (HCSR) <input type="checkbox"/> Created a trust (specify type) ▶ <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 generally will be \$1,000 or less if you expect to pay \$5,000 or less 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.				
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ Household Employer (HCSR) <input type="checkbox"/> Accommodation & food service <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 Larry Paladino		Designee's telephone number (include area code) (501)604.9936		
Address and ZIP code PO Box 242930, Little Rock, AR 72223		Designee's tax number (include area code) (501) 821.0045		
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 tax number (include area code)		
Signature ▶		Date ▶		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N Form SS-4 (Rev. 12-2019)				

For more information about this form, [click here](#).



2678 Employer/Payer Appointment Agent

The 2678 form appoints Palco as your Fiscal Vendor Agent to file federal payroll tax reports on your behalf. This is only for the purpose of the HCSR ID number that was secured and only relevant for the self-directed services being provided.

This is an external form and has many required fields, via the system. The employer will sign and date as Palco has prefilled the rest. Palco will submit the form to the necessary Federal agency when appropriate.

Form 2678 Employer/Payer Appointment of Agent		OMB No. 1545-0748																								
<small>(Rev. August 2014) Department of the Treasury — Internal Revenue Service</small>																										
Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.		For IRS use: 																								
<ul style="list-style-type: none"> If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it. Note. This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3. If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required. 																										
Part 1: Why you are filing this form... (Check one) <input checked="" type="checkbox"/> You want to appoint an agent for tax reporting, depositing, and paying. <input type="checkbox"/> 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)	<input type="text"/>																								
2	Employer's or payer's name <small>(not your trade name)</small>	<input type="text"/>																								
3	Trade name (if any)	<input type="text"/>																								
4	Address	PO BOX 242930 <small>Number Street Suite or room number</small> LITTLE ROCK AR 72223 <small>City State ZIP code</small> <small>Foreign country name Foreign province/country Foreign postal code</small>																								
5	Forms for which you want to appoint an agent or revoke the agent's appointment to file. <small>(Check all that apply.)</small>	<table border="1"> <thead> <tr> <th></th> <th>For ALL employees/ payees/payments</th> <th>For SOME employees/ payees/payments</th> </tr> </thead> <tbody> <tr> <td>Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Form 945 (Annual Return of Withheld Federal Income Tax)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Form CT-1 (Employer's Annual Railroad Retirement Tax Return)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>		For ALL employees/ payees/payments	For SOME employees/ payees/payments	Form 940, 940-PR (Employer's Annual Federal Unemployment (FUTA) Tax Return)*	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>	Form 944, 944(SP) (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>	Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>	Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>	Form CT-2 (Employee Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
	For ALL employees/ payees/payments	For SOME employees/ payees/payments																								
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<small>*Generally you cannot appoint an agent to report, deposit, and pay tax reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return, unless you are a home care service recipient. <input checked="" type="checkbox"/> Check here if you are a home care service recipient, and you want to appoint the agent to report, deposit, and pay FUTA tax for you. See the instructions.</small>																										
<small>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.</small>																										
X	Sign your name here	<input type="text"/> <small>Print your name here</small> <input type="text"/> <small>Print your title here</small> HCSR Household Employer <input type="text"/> <small>Date</small> / / <input type="text"/> <small>Best daytime phone</small> 501-604-9936																								
Now give this form to the agent to complete.																										
<small>For Privacy Act and Paperwork Reduction Act Notice, see the instructions. IRS.gov/form2678 Cat. No. 18770D Form 2678 (Rev. 8-2014)</small>																										

For more information about this form, [click here](#).



8821 Tax Information Authorization

The 8821 form allows Palco to obtain communications regarding your HCSR FEIN and program specific tax accounts of behalf of the employer.

This is an external form and has many required fields, via the system. The employer will sign and date as Palco has pre-filled the rest. Palco will submit the form to the necessary Federal agency when appropriate.

Form 8821
(Rev. January 2021)
Department of the Treasury
Internal Revenue Service

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. 1545-1105
For IRS Use Only
Required 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 (501) 604.9936	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 Palco Larry Paladino PO Box 242930 Little Rock, AR 72223	CAF No. 5005-46467R PTIN 9900142099 Telephone No. (501) 604.9936 Fax No. (501) 661.9045
Check if to be sent copies of notices and communications <input checked="" type="checkbox"/>	Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>
Name and address	CAF No. _____ PTIN _____ Telephone No. _____ Fax No. _____
Check if to be sent copies of notices and communications <input type="checkbox"/>	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. 4959(a) Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
Employment	55-4, 2678, 8821		
Employment	W-4, W-5		
Employment	940, 941, W-2/W-3		

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 _____
Household Employer (HCSR)	
Print Name _____	Title (if applicable) _____

For Privacy Act and Paperwork Reduction Act Notice, see the instructions. Cat. No. 11596P **Form 8821** (Rev. 01-2021)

For more information about this form, [click here](#).



Frequently Asked Questions

What if I need assistance in completing forms?

Online enrollment is the easiest method for completing forms. Palco customer support agents can assist you in gaining credentials to enroll online.

When can my worker begin providing services?

Palco will notify you (the employer) and your worker once all requirements for enrollment have been met. The date of this notification is the date work can begin. Any work performed prior to that date will not be paid by Council of Aging or the Elderly Services Program.

Can a worker provide services to multiple clients?

Yes. However, a worker must abide by all program rules, especially those regarding overlapping claims for payment of services. Workers may be employed by as many clients (employers) as he or she would like. Each time he or she begins working for a new client, a new worker packet must be completed, just like getting any new job. This is the worker's responsibility.

What happens if my worker stops providing services?

Anytime a worker stops providing service, Palco must be notified via an Employment Separation Notice, which can be found on our website. Even after termination, the worker should keep Palco aware of any changes in contact information throughout the year, so that we can send correspondence, such as W-2s, to the correct address.

I want to designate someone else to manage my worker. How do I do that?

You are permitted to designate someone else to manage your work – this is called an Employer of Record. To do this, you must complete a Designation of Surrogate Employer form. Be sure to include the date of the change at the top of the form.

How does an Employer of Record change impact my worker?

When you make a change to your Employer of Record, your worker must re-complete some new hire forms, such as the I-9. Palco will notify you of the requirements.



Can someone correspond with Palco on my behalf?

Federal and state privacy laws prevent Palco from disclosing personal information to unauthorized individuals. Palco will only correspond with workers about that worker's particular account. Surrogate employers designated as the Employer of Record may receive all information about the worker's accounts and information about the client necessary to carry out employer roles. Participants/Clients have unlimited access to information held by Palco on their account. Participants/Clients may also appoint an authorized user by completing an Authorized User Designation form. An Authorized user is someone who is not the Employer of Record, but has permission to correspond with Palco on the employer's behalf.

How are timesheets submitted?

Timesheets can be submitted online via our portal, by fax, by mail or email. When using the online portal, submit all time properly. Both the employer and the worker must approve all time before it can be processed for payment by Palco. Additional instructions can be found in our Online Registration Packet. When submitting a paper timesheet, follow all instructions to reduce submission errors. A properly submitted timesheet must be received before the deadline to ensure a worker's pay is not delayed.

When does a worker submit timesheets?

A payroll schedule shows the deadlines for submitting timesheets and scheduled paydays. The payroll schedule for specific programs can also be found at www.palcofirst.com under your program specific page.

How will I know a timesheet was received and approved?

The online portal will display approval messages in real time. For other methods of submission, contact Palco Customer Support 48 hours after submission to allow time for processing.

What if a worker doesn't receive the funds on the scheduled payday?

For direct deposited payments, workers should allow sufficient time for the pay to deposit into the account. We recommend allowing 24 hours after payday for the deposit.



Will the worker receive a W-2 at year-end?

W-2s are available January 31. If receiving the W-2 by mail, workers should allow one week for delivery. All workers receive a W-2. Workers who earn less than the annual domestic service threshold, per IRS Pub. 15 (Circular E), will also receive a refund of over collected FICA. As an employer, you should encourage your worker to make sure the correct address and direct deposit information is current with Palco prior to January 31 of each year, even if the worker is no longer providing services for you.

How do I change my information with Palco?

The fastest and easiest method is to log into your account and change your information. Otherwise, you must complete the appropriate form and mail or fax it to Palco. All forms are found at palcofirst.com. For name and contact information changes, complete a Change of Information form and attach documentation to show proof of name change which can be driver's license, divorce degree or marriage license. For any other changes, contact Palco customer support.

How can Palco be contacted?

Palco Customer Support representatives are available Monday through Friday, 8:00 am to 5:00 pm EST, except state holidays. You may reach us by phone at 501.604.9936 or toll free at 1.866.710.0456. You can also email us at customersupport@palcofirst.com. Palco has a range of translator and interpreter services at your request.