

# WV Personal Options Worker Transition Employment Packet

Welcome to self-direction and to Palco! This packet contains all the forms you need to enroll as a Worker and begin providing services to your participant. Please follow all directions in this packet. You will not be paid for services until all forms are completed, Palco verifies all information, criminal checks, and clears you for hire, and you are notified that you are ready to provide service.

You must complete and return:

- |  |   |
|--|---|
| <input type="checkbox"/> Worker Intake Form                          | <input type="checkbox"/> IRS Form W-4                           |
| <input type="checkbox"/> Authorization to Withhold City Service Fees | <input type="checkbox"/> State Tax Withholding Form - WV IT-104 |
| <input type="checkbox"/> WV Medicaid DCP Enrollment Agreement        | <input type="checkbox"/> Pay Selection and Direct Deposit Form  |
| <input type="checkbox"/> Payroll Information Worksheet               | <input type="checkbox"/> EVV Registration Form                  |

We encourage you to use the checklist above as a final review before you return the forms to Palco. Failure to return these forms will delay enrollment. The other documents, including information on how to complete forms, the payment schedule, Palco's Notice of Privacy Practices, F.A.Q. and similar instructional forms, are for informational purposes only and do not need to be returned to Palco. Send completed paper forms by fax, email, or mail to Palco at the address below.

**Fax: 501-821-0045**  
**Email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)**  
**Palco, Inc.**  
**Attn: Enrollment**  
**P.O. Box 242930**  
**Little Rock, AR 72223**

You can also complete the packet online if you do not wish to complete these forms by hand. To do so, contact our customer support team and request to enroll online or send us the Worker Intake form with the online option selected.

Should you need any assistance during this process, please contact a friendly customer support representative at 1.866.710.0456 or [info@palcofirst.com](mailto:info@palcofirst.com). Customer support is available 8:00 am - 5:00 pm EST, Monday through Friday, except on state and federal holidays. Please visit our website at [www.palcofirst.com](http://www.palcofirst.com) for more information on forms and frequently asked questions.

We look forward to serving you!

Sincerely,  
The Palco Team



# PALCO BI-WEEKLY PAYMENT SCHEDULE - 2024

## WV Personal Options – Aged/Disabled Waiver Programs

Service Period		Timesheets Due to Palco By 5 PM	Payment Date
MONDAY	SUNDAY	TUESDAY	FRIDAY
Start Date	End Date	Deadline	Paid On
March 11, 2024	March 24, 2024	March 26, 2024	April 5, 2024
March 25, 2024	April 7, 2024	April 9, 2024	April 19, 2024
April 8, 2024	April 21, 2024	April 23, 2024	May 3, 2024
April 22, 2024	May 5, 2024	May 7, 2024	May 17, 2024
May 6, 2024	May 19, 2024	May 21, 2024	May 31, 2024
May 20, 2024	June 2, 2024	June 4, 2024	June 14, 2024
June 3, 2024	June 16, 2024	June 18, 2024	June 28, 2024
June 17, 2024	June 30, 2024	July 2, 2024	July 12, 2024
July 1, 2024	July 14, 2024	July 16, 2024	July 26, 2024
July 15, 2024	July 28, 2024	July 30, 2024	August 9, 2024
July 29, 2024	August 11, 2024	August 13, 2024	August 23, 2024
August 12, 2024	August 25, 2024	August 27, 2024	September 6, 2024
August 26, 2024	September 8, 2024	September 10, 2024	September 20, 2024
September 9, 2024	September 22, 2024	September 24, 2024	October 4, 2024
September 23, 2024	October 6, 2024	October 8, 2024	October 18, 2024
October 7, 2024	October 20, 2024	October 22, 2024	November 1, 2024
October 21, 2024	November 3, 2024	November 5, 2024	November 15, 2024
November 4, 2024	November 17, 2024	November 19, 2024	November 29, 2024
November 18, 2024	December 1, 2024	December 3, 2024	December 13, 2024
December 2, 2024	December 15, 2024	December 17, 2024	December 27, 2024
December 16, 2024	December 29, 2024	December 31, 2024	January 10, 2025
December 30, 2024	January 12, 2025	January 14, 2025	January 24, 2025

Late time submissions and mistakes may result in late payment!

### 2024 Bank & Palco Office Closures

New Year's Day - Monday, January 1\*  
 Martin Luther King, Jr. Day - Monday, January 15  
 President's Day - Monday, February 19  
 Memorial Day - Monday, May 27\*  
 Juneteenth Day – Wednesday, June 19  
 Independence Day - Thursday, July 4\*

Labor Day - Monday, September 2\*  
 Columbus Day - Monday, October 14  
 Veterans Day - Monday, November 11  
 Thanksgiving - Thursday-Friday, November 28-29\*  
 Christmas - Tuesday-Wednesday, December 24-25\*

\* Palco Office Closures



# PALCO BI-WEEKLY PAYMENT SCHEDULE - 2024

## WV Personal Options – IDD and TBI Waiver Programs

Service Period		Timesheets Due to Palco By 5 PM	Payment Date
MONDAY	SUNDAY	TUESDAY	FRIDAY
Start Date	End Date	Deadline	Paid On
March 18, 2024	March 31, 2024	April 2, 2024	April 12, 2024
April 1, 2024	April 14, 2024	April 16, 2024	April 26, 2024
April 15, 2024	April 28, 2024	April 30, 2024	May 10, 2024
April 29, 2024	May 12, 2024	May 14, 2024	May 24, 2024
May 13, 2024	May 26, 2024	May 28, 2024	June 7, 2024
May 27, 2024	June 9, 2024	June 11, 2024	June 21, 2024
June 10, 2024	June 23, 2024	June 25, 2024	July 5, 2024
June 24, 2024	July 7, 2024	July 9, 2024	July 19, 2024
July 8, 2024	July 21, 2024	July 23, 2024	August 2, 2024
July 22, 2024	August 4, 2024	August 6, 2024	August 16, 2024
August 5, 2024	August 18, 2024	August 20, 2024	August 30, 2024
August 19, 2024	September 1, 2024	September 3, 2024	September 13, 2024
September 2, 2024	September 15, 2024	September 17, 2024	September 27, 2024
September 16, 2024	September 29, 2024	October 1, 2024	October 11, 2024
September 30, 2024	October 13, 2024	October 15, 2024	October 25, 2024
October 14, 2024	October 27, 2024	October 29, 2024	November 8, 2024
October 28, 2024	November 10, 2024	November 12, 2024	November 22, 2024
November 11, 2024	November 24, 2024	November 26, 2024	December 6, 2024
November 25, 2024	December 8, 2024	December 10, 2024	December 20, 2024
December 9, 2024	December 22, 2024	December 24, 2024	January 3, 2025
December 23, 2024	January 5, 2025	January 7, 2025	January 17, 2025
January 6, 2025	January 19, 2025	January 21, 2025	January 31, 2025

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Labor Day - Monday, September 2\*  
 Columbus Day - Monday, October 14  
 Veterans Day - Monday, November 11  
 Thanksgiving - Thursday-Friday, November 28-29\*  
 Christmas - Tuesday-Wednesday, December 24-25\*

\* Palco Office Closures

## Worker/Applicant Intake

Complete this form entirely to begin the enrollment process as a worker in the Self-Direction Program. Completion of this form does not constitute a hiring by the employer.

### PARTICIPANT INFORMATION

Full Name	SSN	Program <input type="checkbox"/> ADW <input type="checkbox"/> TBIW <input type="checkbox"/> IDDW
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### WORKER INFORMATION

First Name		Middle Name	Last Name	
Social Security Number	Email	Date of Birth (mm/dd/yyyy)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Is the worker related to the participant/client by blood or marriage? <input type="checkbox"/> No <input type="checkbox"/> Yes. I am the participant/client's: _____ (specify relationship)				
Do you share a residence with the participant/client? <input type="checkbox"/> No <input type="checkbox"/> Yes. Please specify who owns or rents the residence: _____ Is the worker at least 18 years of age? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Physical Address (Street Address, Including Apt. #)				
City	State	Zip	County	
Mailing Address (Street Address, Including Apt. #) – <i>if different than the physical address</i>				
City	State	Zip	County	
Phone1	Phone2	Preferred Method of Communication <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Phone / Voicemail		

How would you like to continue the enrollment process?

- Complete enrollment online.** By checking this option, the worker has provided an email address that belongs to him or her and understands that Palco is not responsible for providing information to an incorrect email address supplied by him or her. The worker agrees to receive information, notifications, and other correspondence electronically. Such correspondence may contain Personal Health Information, as defined at 45 CFR 160.103, and other personally identifiable information. The worker accepts all risks associated with the transmission of such information via those channels. The worker understands that his or her consent is in effect until Palco is notified in writing that the worker withdraws such consent.
- Receive a packet via email.**
- Receive a paper packet via mail.**

\_\_\_\_\_  
**Worker Printed Name**

\_\_\_\_\_  
**Participant/Employer Printed Name**

\_\_\_\_\_  
**Worker Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant/Employer Signature**

\_\_\_\_\_  
**Date**

**Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com)**

**or via fax to 1.877.859.8757.**

**VERIFICATION OF CITY SERVICE WITHHOLDING AUTHORIZATION**

**Check Program:**     **IDD**         **ADW**         **TBI**

**Instructions:** Check the box next to the statement that best describes where you will work, and your status regarding weekly city service fees for Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney, Weirton or Wheeling. Please submit to **Palco**.

This form must be complete for each participant you work for within each of the cities listed below. Employees that select Prior Payment must complete and submit this form annually (by December 31). If this form is not submitted, **Palco** will withhold the required weekly withholding.

**EMPLOYEE INFORMATION**

<b>Employee Name:</b>	<b>Employee ID:</b>
<b>Participant Name:</b>	<b>Palco ID:</b>

**My place of employment under the Personal Options Program is in** (please check one):

- Charleston**         **Fairmont**         **Huntington**         **Madison**         **Morgantown**  
 **Parkersburg**         **Romney**         **Weirton**         **Wheeling**  
 **I do not work in the city limits of any of the above listed Cities.**

I understand that I am required to have a City Service Fee withheld from my paycheck for working for the participant listed above. I authorize Palco to withhold the weekly City Service Fee from my paycheck and to send the amount withheld to the city selected above.

**Based upon your city service fee selection above, please select one of the following (if applicable):**

- Prior Payment\* (a copy of a current pay stub with proof of withholding must be submitted)**  
 I already have the weekly City Service Fee deducted from my pay from another employer in the same city in which I work. **If you have the fee withheld from another employer, please submit paystub and provide your employer's name/place of employment:** \_\_\_\_\_  
*\*Please note this must be completed and submitted annually (by December 31). If this form is not submitted, Palco will withhold the required weekly withholding.*

- Fairmont or Romney**  
 I live and work in the city of Fairmont or Romney. Please provide your physical address and **a copy of proof of residency** (i.e. Water bill showing fee withheld):

Physical Address	City, State	Zip Code

- I no longer work in the city limits of Charleston, Fairmont, Huntington, Madison, Morgantown, Parkersburg, Romney, Weirton or Wheeling.**

**IMPORTANT:** As an employee, it is your responsibility to notify **Palco** if your City Service Fee status changes. Changes to withholdings will NOT be done automatically.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Participant/Representative Signature**

\_\_\_\_\_  
**Date**

Name of Agency PALCO, INC Agency NPI # \_\_\_\_\_

**A SEPARATE PROVIDER AGREEMENT MUST BE COMPLETED BY EACH DIRECT CARE PROVIDER AND  
A REPRESENTATIVE OR AUTHORIZED DELEGATE FOR THE GROUP/FACILITY.**

1. The Provider hereby agrees to comply with all applicable laws, rules and written policies pertaining to the West Virginia Medicaid Program (Medicaid), including, but not limited to, Title XIX and Title XXI of the Social Security Act, the Code of Federal Regulations, West Virginia State Laws the West Virginia State Medicaid Plan, the Department of Health and Human Resources, Bureau for Medical Services' (Medicaid or Department/Bureau), written manuals, program instructions, policies and this document.
2. The Provider is not an employee of the Department/Bureau under this enrollment form and any subsequent amendments.
3. The Provider may not, on the grounds of race, color, national origin, creed, sex, religion, political ideas, marital status, age or disability subject persons to discrimination under the Medicaid program or any activity connected with the provision of Medicaid services.
4. The Provider agrees to protect the confidentiality of the member.
5. The Provider acknowledges that this enrollment is effective for the category of services that will be provided by the above agency. A separate provider enrollment form and/or a separate provider agreement may be necessary if you work for other agencies. The Provider further certifies that all information listed on this and any application is true, accurate and complete.
6. Within fifteen (15) business days, the Provider agrees to notify Medicaid, in writing, of any changes in the provider information.

**I UNDERSTAND THAT PAYMENT OF CLAIMS WILL BE FROM FEDERAL AND STATE FUNDS AND THAT ANY  
FALSIFICATION OR CONCEALMENT OF A MATERIAL FACT MAY BE PROSECUTED UNDER FEDERAL AND STATE LAW.**

Direct Care Provider Name (Please Print) \_\_\_\_\_ Direct Care Provider NPI # \_\_\_\_\_

Direct Care Provider Signature \_\_\_\_\_ Date of Signature \_\_\_\_\_

## Payroll Information Worksheet

As an employer or home care worker in self-direction, payroll wages and tax withholdings are subject to special tax and overtime rules, and residency may impact benefits under labor laws. Completing this form accurately will ensure that taxes and benefits are calculated properly. For more information, visit IRS Publication 15, as well as relevant State tax and labor agency websites. To claim exemptions on either Federal or State (if applicable) Income Tax Withholdings, please mark EXEMPT on your W-4 or State Withholding Certificate, if applicable.

REQUIRED INFORMATION	
Employee Name	Palco ID
Employer Name	Participant Name (If different from Employer)

Are you under 18?

- YES.  YOU CANNOT BE A PAID CAREGIVER

Are you the spouse of the member, and there is not another person besides the member acting as an employer?

- YES.  YOU CANNOT BE A PAID CAREGIVER

### **Part A: FICA (Social Security and Medicare) Taxes**

The IRS exempts some employers and workers from paying FICA (Social Security and Medicare) taxes. Select the appropriate response:

- Exempt.** I am a non-resident alien holding a visa for household services.
- Exempt.** I am the child of my employer and under 21.
- Exempt.** I am the biological, adoptive, or step-parent of my employer.
- Non-Exempt;** None of the selections apply.

### **Part B: Unemployment Tax Exemption**

The IRS and State tax agencies exempt some wages from FUTA (Federal Unemployment) or SUTA (State Unemployment) taxes. Select the appropriate response:

- Exempt.** I am a non-resident alien holding a visa for household services.
- Exempt.** I am the child of my employer and under 21.
- Exempt.** I am the biological, adoptive, or step-parent of my employer
- Non-Exempt; Charge Unemployment Tax.** None of the selections apply.

### **Part C: Overtime Exclusion**

There are several factors that may qualify a worker as being exempt from overtime payments or ineligible for overtime based on program specific rules. Palco is not your employer and cannot decide whether you are exempt or not. By checking the appropriate box, you are telling Palco how to pay overtime wages

- Non-Exempt.** Overtime rates will be paid on time worked beyond 40 hours in a work week.
- Exempt.** Exempt from overtime pay for the DOL Home Care Rule Exclusion, as the live-in caregiver residing at the participant's residence at least 5 days per week. (See 29 CFR §552.102 and DOL Fact Sheet #79B). By checking this box, any hours that exceed 40 per week will NOT be paid at overtime rates.

**Part D: Income Tax Withholding Difficulty of Care (DOC) Exclusion Information.**

Per [IRS Notice 2014-7](#), when a **worker lives full time with a Medicaid self-direction program participant, for whom the worker provides care**, the wages may be excluded from federal income tax withholding, which means the W-2 will show \$0.00 wages paid. This is known as the Difficulty of Care exclusion. Claiming this exclusion may impact your Social Security benefits, so complete this section under penalties of perjury as an individual care provider receiving payments under a state Medicaid Home and Community-Based Services program for care provided by you to the participant(s), named in this document, who live(s) in your home under the care recipients' plan of care. If you would like to be excluded from Federal Income Tax withholding, due to Difficulty of Care, mark EXCLUDED below.

**Not Excluded**

**Excluded**

If any of the information in this document changes at any time, complete a new document and submit to Palco immediately. Failure to notify Palco may result in a tax bill to you or other employment-related matters for your employer. Palco is not responsible for incorrectly calculating or withholding pay due to your failure to complete and submit corrected information. By completing this form, you certify that the information above is correct; you understand that you have the burden to notify Palco immediately of any changes; and you hold Palco harmless for any incorrect information supplied herein.

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**Employee Printed Name**

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**Employee Signature**

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**Date**

**Please return this form to Palco via email to [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via Fax: 501-821-0045**



# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
**Give Form W-4 to your employer.**  
 Your withholding is subject to review by the IRS.

**2024**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		_____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. **If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c).** Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.



**FORM WV IT-104**

**WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

**If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.**

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

----- cut here -----

WV/IT-104  
Rev. 12/20

**WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**



Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- 1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0" ..... \_\_\_\_\_
- 2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
  - (a) If you claim both of these exemptions, enter "2"
  - (b) If you claim one of these exemptions, enter "1"
  - (c) If you claim neither of these exemptions, enter "0"
- 3. If you claim exemptions for one or more dependents, enter the number of such exemptions. .... \_\_\_\_\_
- 4. Add the number of exemptions which you have claimed above and enter the total .....
- 5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here
- 6. Additional withholding per pay period under agreement with employer, enter amount here ..... \$ \_\_\_\_\_

*I certify, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.*

Date \_\_\_\_\_ Signature \_\_\_\_\_

## **Direct Deposit Authorization Agreement**

Request Type (check one):

- New Account Setup       Change in Existing Account       Cancellation

***Please allow up to five (5) business days for your request to be processed. The change will be effective on the on the next scheduled service period following the date the request is processed.***

DIRECT DEPOSIT ACCOUNT INFORMATION		
Account Holder's Full Name		ID or Last 4 of SSN
Financial Institution	Routing Number	Account Number
Type of Account (select one):	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings <input type="checkbox"/> Pre-paid card

**REQUIRED.** The following validating documentation is attached:

- Voided check with account holder name printed on the check.  
*Check cannot be a temporary check.*
- OR
- Official documentation from financial institution listing account holder name, account, and routing number. This includes letters from banks and paperwork from pre-paid cards.

I authorize Palco, Inc. to initiate deposits and debit entries for the purpose of correcting an erroneous deposit to the account indicated herein. In the event Palco is unable to initiate debit entries, I authorize the repayment to Palco from future amounts owed to me. I understand Palco is not responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I understand that it is my responsibility to verify the crediting of funds by my financial institution prior to initiating debits against my account. I understand the risks of sharing an account with others, including my employer or worker. Palco is not responsible for any charges I incur from my financial institution. Any changes to my account must be submitted to Palco immediately. This authorization will remain in full force and effect until Palco has received written cancellation in such time and in such manner as to afford Palco and all appropriate financial institutions a reasonable opportunity to act on it.

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

***Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757.***

## Electronic Visit Verification (EVV) Registration Form

This form is for the purpose of EVV registration with Palco as well as changes to an existing EVV registration. Please complete the entire form and review for accuracy before submitting. **If you live in the home with the member, you are exempt from EVV and do not need to complete this form.**

- New EVV Setup for New Worker**     
  **Change to Existing EVV Registration**

PARTICIPANT INFORMATION	
Full Name (First, Middle, Last):	Palco ID:
Email (required):	Phone:

EMPLOYEE INFORMATION	
Full Name (First, Middle, Last):	Palco ID:
Email (required):	Phone:

EVV METHOD SELECTION
<b>How would you like to utilize EVV? <i>Choose only <b>one</b> option</i></b>
<input type="checkbox"/> <b>Authenticare Mobile Application</b>  <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p><b><i>Device ID:</i></b></p> </div> <p style="text-align: center; color: red; font-weight: bold; margin: 10px 0;"> <b>PRINT CLEARLY! INCLUDE ALL DASHES (-) IF APPLICABLE</b> </p> <p style="text-align: center; font-style: italic;"> <i>For instructions on obtaining your Device ID, see the Authenticare Mobile App instructions located in your program's page on palcofirst.com. Failure to provide your proper device ID will result in your time being rejected and a delay in payroll.</i> </p>
<b>OR</b>
<input type="checkbox"/> Telephony/IVR option via the <b><u>participant's home landline.</u></b> <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p><b><i>Landline Phone Number:</i></b></p> </div> <p style="text-align: center; font-weight: bold; margin: 10px 0;"> <b>**CANNOT BE A CELL PHONE**</b> </p> <p style="text-align: center; font-style: italic;"> <u>THIS FORM IS NOT TO BE USED TO UPDATE LANDLINE PHONE NUMBER; A CHANGE OF INFORMATION FORM MUST BE SUBMITTED SEPARATELY.</u> </p>

### EVV APPROVALS

Making edits and approvals to time submissions entered via IVR or the mobile application will require registration in our Connect online portal. Palco will register you in Connect with your email address. Please check your email address for further registration instructions

**Employer Email Address:**

**\*\*REQUIRED FIELD\*\***

#### Important Information:

- ✓ Please allow 3-5 business days for processing of this form and for updating and changes. Change will be effective the following pay period after processing.
- ✓ You may only use one method of EVV at a time and you must submit this form again to make a change to an existing registration. Changes take 3-5 business days to process.
- ✓ The selected method must be used for the capturing and recording of all time expected for payment reimbursement by Palco on services that have been mandated as a required under the 21<sup>st</sup> Century Cures Act. **Fraudulent misrepresentation of location, false registration of information, or failure to use EVV as required will result in your requirement to repay Medicaid funds.**
- ✓ This form cannot be used to change your email address or primary phone number for contact purposes. If you would like to update that information, please complete a Change of Information form instead.
- ✓ Visit [www.palcofirst.com](http://www.palcofirst.com) for instructions on using the mobile application and telephony/IVR.

#### Consent:

By signing below, both the participant and employee (collectively, "parties") attest that the information provided is true and accurate. Both parties acknowledge that Palco will use the information provided herein to complete EVV registration on their behalf, which will include exchanging Personal Health Information ("PHI"), as defined at 45 CFR 160.103, and other personally identifiable information ("PII") with the EVV vendor, any EVV aggregators, and other related organizations required for the treatment, payment, and operations under the self-directed program. Both parties have read and agree to Palco's Notice of Privacy Practices, Palco's EVV policies posted at [palcofirst.com](http://palcofirst.com), and the Terms and Conditions of Palco's online system; agree to receive information, notifications, and other correspondence, which may contain PHI/PII, to the email address / phone number provided in this document; and accept all risks associated with the transmission of such information. The parties understand it is their responsibility to obtain the credentials required to access the system by properly completing this form and using this form to update their information, and that Palco is not responsible for incorrect information that is submitted

Participant/Employer Signature

Employee signature

Date

Date