

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. Ø 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. Ø 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

Page 1 of 2 EN-450000-PIW-022024 (WV)



- □ **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 livein 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.

| Employee | Printed | Name |
|-----------------|---------|------|
|-----------------|---------|------|

Employee Signature

<mark>Date</mark>

Please return this form to Palco via email to enrollment@palcofirst.com or via Fax: 501-821-0045