

Payroll Information Worksheet

As a home care worker in self-direction, your payroll tax withholdings are subject to special tax rules, and your residency may impact your benefits under labor laws. Completing this form accurately will ensure that your taxes and benefits are calculated properly.

	REQUIRED INFORMATION		
	Employee Name	ID	
	Employer Name	Participant Name (If different from Employer)	
	Select the following box that applies:		
	☐ This form is part of your first-time	enrollment with Palco.	
	☐ You are already enrolled with Palco	and need to change your information	
Pa	art A: FICA (Social Security and Medicare) T	<u>axes</u>	
		orkers from paying FICA (Social Security and	
	edicare) taxes.	, , ,	
Se	elect the appropriate response:		
	□ Non-Exempt. None of the selections apply.		
	☐ Exempt. I am under 18 and a fulltime studen	t.	
	☐ Exempt. I am a non-resident alien holding a	visa for household services.	
	\square Exempt. I am the spouse of my employer.		
	\Box Exempt. I am the child of my employer and \Box	ınder 21.	
	☐ Exempt. I am the parent of my employer who	o is an adult. This includes adoptive and stepparents.	
	Exception: If you are the parent of the en	nployer and select any of the following you are non-	
	exempt		
	 I am the parent of the employer and I als my child's home. 	so provide care for my grandchild or step-grandchild in	
	•	ny grandchild or step-grandchild is under 18 or has a s personal care of an adult for at least four weeks in a services are performed.	
	remarried or living with a spouse who ha	child (son or daughter) is widowed, divorced, not as a mental or physical condition so the spouse cannot weeks in a row during the calendar quarter in which	



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 the child of my employer and under 21. □ Exempt. I am the parent of my employer who is an adult. This includes adoptive and stepparents. □ Exempt. I am the spouse of my employer. □ Exempt. I am a non-resident alien holding a visa for household services. □ Non-Exempt. None of the selections apply.
Part C: Overtime Payments There are several factors that may qualify you as being exempt from overtime payments or ineligible for overtime based on program specific rules. Please check the box that applies below:
 □ Exempt from overtime pay for any reason, including program rules or that I meet the DO Home Care Rule Exclusion qualifications, which means that I am a live-in caregiver, or reside 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, I understand that, if my employer or the program allows me to work more than 40 hours per week, any hours that I do work over 40 in a work week, will NOT be paid at overtime rates. □ Non-Exempt. I do not qualify for any exemptions and understand that I will be paid overtime rates for time worked beyond 40 in a work week.
If any of the information in this document changes at any time, please 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 from your employer. Palco is not responsible for incorrectly calculating or withholding pay due to your failure to complete and submit a new Payro Information Worksheet. By signing below, you certify that the information in this document is correct and understand that you have the burden to notify Palco immediately of any changes it this information, and you hold Palco harmless for any incorrect information supplied herein.
Employee Printed Name
Employee Signature Date

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