

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
Member Name	Palco ID

Part A: FICA (Social Security and Medicare) Tax Exemption

The IRS exempts some employers and workers from paying FICA (Social Security and Medicare) taxes.

- **Non-Exempt.** None of these selections apply.
- **Exempt.** I am under 18 and a fulltime student.
- **Exempt.** I am a non-resident alien holding a visa for household services.
- **Exempt.** I am the spouse of my employer.
- **Exempt.** I am the child of my employer and under 21.
- **Exempt.** I am the parent of my employer. This includes adoptive and stepparents.

Exception: If you are the parent of the employer and select any of the following you are non-exempt:

- I am the parent of the employer, and I also provide care for my grandchild or step-grandchild in my child's home.
- I am the parent of the employer, and my grandchild or step-grandchild is under 18 or has a physical or mental condition that requires personal care of an adult for at least four weeks in a row during the calendar quarter in which services are provided.
- I am the parent of my employer, and my child is widowed, divorced, not remarried, or living with a spouse who has a mental or physical condition so the spouse cannot care for my grandchild for at least four weeks in a row during the calendar quarter in which services are performed.

If any of the above are **YES**, please select EXEMPT.

- ☐ **Exempt.** I answered Yes to one of the questions above.
- ☐ **Non-Exempt.** None of the selections apply.

Part B: Federal Unemployment Tax Exemption

The IRS exempts some wages from FUTA (Federal Unemployment) or SUTA (State Unemployment) taxes.

- **Exempt.** I am the child of my employer and under 21.
- **Exempt.** I am the parent of my employer. 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.

If any of the above are **YES**, please select EXEMPT.

- ☐ **Exempt.** I answered Yes to one of the questions above.
- ☐ **Non-Exempt.** None of the selections apply.

Part D: 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 any reason, including program rules or qualifying 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.

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 Signature

Date

Please return this form to Palco via email: enrollment@palcofirst.com or via fax toll free to 1.877.859.8757 or 501-821-0045.