



Personal Preference Program Worker 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"/> NJ W-4 State Withholding Form |
| <input type="checkbox"/> Worker Information & Qualification Form | <input type="checkbox"/> IRS Form W-4 |
| <input type="checkbox"/> US CIS Form I-9 | <input type="checkbox"/> Central Registry Consent Form |
| <input type="checkbox"/> New Jersey Worker Pay Rate Information | <input type="checkbox"/> EVV Consent Form OR EVV Live-in Exemption |

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.

Toll Free: 877-710-0457
Fax: 1-877-859-8757
Email: enrollNJ@palcofirst.com
Palco, Inc.
Attn: Enrollment
P.O. Box 13260
Maumelle, AR 72113

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 877-710-0457 or support_NJ@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 for more information on forms and frequently asked questions.

We look forward to serving you!
Sincerely,
The Palco Team

Frequently Asked Questions



Palco serves individuals who participate in the self-directed model by providing various financial, customer support, and informational services. Below are frequently asked questions to help you understand our processes, your requirements, and how to receive assistance.

How do I complete forms if I am unable to sign?

We encourage you to enroll online, as there are plenty of accessible options on our website. However, if you are unable to use our online system, you may either sign with an X or a mark, then have a witness legibly sign the document on the line above the 'witnessed by'.

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. Or, if you would prefer, our staff can provide in-person assistance with completing forms.

When can the worker begin providing services?

Palco will notify the participant and the 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 the program.

Can a worker provide services to multiple participants?

Yes. However, a worker must abide by all program rules, especially those regarding overlapping claims for payment of services.

What happens if a worker wants to work for another Participant?

Workers may be employed by as many participants as he or she would like. Each time he or she begins working for a new participant, a new worker packet must be completed, just like getting any new job. However, some requirements may be waived depending on the circumstances, such as providing a copy of Social Security cards or documentation related to receiving direct deposit. Generally, background checks can also transfer but be sure to check with your program rules to make sure you understand all the requirements.

What happens if a worker stops providing services?

Anytime a worker stops providing services, Palco must be notified via an Employment Separation Notice, which can be found on our website. Even after termination, workers 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.

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. Authorized Representatives may receive all information about the worker's accounts and information about the participant necessary to carry out employer roles. Participants have unlimited information on their account. Participants may appoint an authorized representative by completing the Participant Authorized Representative Designation Form.

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 participant 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?

The participant is provided with a payroll schedule that shows the deadlines for submitting timesheets and scheduled payday. The payroll schedule for specific programs can also be found at palcofirst.com.

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, please allow sufficient time for the pay to deposit into your 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, please 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. The participant should encourage their workers to make sure that the correct address and direct deposit information is current with Palco prior to this date, even if the worker is no longer working.

**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 decree or marriage license. For withholding changes, complete an IRS W-4, or Payroll Information Worksheet. To change payment information, complete a Direct Deposit Authorization. For any other changes, contact Palco customer support.

How can Palco be contacted?

Palco Customer Support representatives are available Monday through Friday, 8:00 a.m. to 5:00 p.m. EST, except state holidays.

Customer Support Line: 732-351-4804 Toll Free: 877-710-0457

Mailing Address: PO Box 13260, Maumelle, AR, 72113

Palco NJ Enrollment Email: enrollNJ@palcofirst.com

Palco NJ Customer Support Email: Support_NJ@palcofirst.com

Notice of Privacy Practices



Palco may receive and create records concerning your medical and individually identifiable information ("PHI") and is required to maintain the privacy and security of your PHI. Please read this notice carefully. If you have questions or concerns, contact the Palco Privacy Officer at privacy@palcofirst.com. Palco will only use and disclose your information as allowed by law and as described below:

- **Help manage the health care treatment you receive.** We may disclose your information to provide treatment and administer services, including performing assessments, issuing workers' compensation and administering similar programs, and recommending services in some situations. We may disclose information to others who implement your health services. We may correspond with you and/or your designated authorized representative (e.g., surrogate employer or authorized user). All emailed correspondence from Palco is encrypted and secure. By emailing Palco with your personal email account, you accept the risk that your correspondence may not be encrypted, nor secure.
- **Run our business, including payment for and administration of your health services.** We may use and disclose your information to receive and issue payment on your behalf and bill NJ FamilyCare/Medicaid, Medicare, Managed Care Organizations, the Veterans Administration, or other bodies, as required by your program.
- **Comply with federal and state law, including investigations by the United States Department of Health and Human Services (U.S. DHHS) and law enforcement.** Palco is required by law to comply with investigations by regulatory bodies and issues involving national security. Palco may be required to disclose your information to coroners and other officials at your death.
- **Respond to legal actions and health oversight, such as lawsuits or quality assurance reviews.** Palco may be required to respond to requests, including discovery, subpoenas, audits, and other legal or regulatory matters.

You have the right to:

- **Authorize the use and disclosure of your PHI for reasons not authorized by federal or state law.** Palco will seek your approval to disclose PHI for reasons not required at law, and you may reject disclosure.
- **Receive this notice of privacy practices.** You can request a copy of this notice or view the posting at palcofirst.com, in enrollment packets, and in program manuals, as applicable. Palco can change the terms of this notice at any time. Changes will apply to all of your medical records. Direct complaints to the Privacy Officer or the U.S. DHHS.
- **Review and receive copies of your records and a list of disclosures.** Requests must be on a Request for Sensitive Records. We will provide you with a copy or summary within 10 days of receiving your request. We may charge a reasonable, cost-based fee for collection of the records, including postage and labor. Palco may reject some requests if required by law.
- **Request amendments to your records.** Requests must be on a Request to Amend Sensitive Information. We will provide you with a copy or summary or a rejection within 15 days of receiving

your request.

- **Request information in an alternate format or restrict access on your records.** Requests must be in writing on a Request for Additional Privacy. We will provide you with a copy or summary within 15 days of receiving your request. We may reject or terminate the request in certain limited cases and will notify you of rejections and terminations.
- **Be notified in case of a breach of your sensitive information.** You will be notified within 60 days by the Privacy Officer.
- **Choose someone to act on your behalf with regard to your records.** You must complete the appropriate forms and information to designate Authorized Users in order for those individuals to communicate with Palco on your behalf.



PALCO PAYMENT SCHEDULE - 2025

New Jersey Horizon

Service Period		Timesheets Due to Palco by 12 PM EST	Electronic Timesheets Due by 12 pm	Payments Made by Palco by 5pm
MONDAY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY
Start Date	End Date	Deadline	Deadline	Paid On
December 30, 2024	January 12, 2025	January 13, 2025	January 14, 2025	January 22, 2025
January 13, 2025	January 26, 2025	January 27, 2025	January 28, 2025	February 5, 2025
January 27, 2025	February 9, 2025	February 10, 2025	February 11, 2025	February 19, 2025
February 10, 2025	February 23, 2025	February 24, 2025	February 25, 2025	March 5, 2025
February 24, 2025	March 9, 2025	March 10, 2025	March 11, 2025	March 19, 2025
March 10, 2025	March 23, 2025	March 24, 2025	March 25, 2025	April 2, 2025
March 24, 2025	April 6, 2025	April 7, 2025	April 8, 2025	April 16, 2025
April 7, 2025	April 20, 2025	April 21, 2025	April 22, 2025	April 30, 2025
April 21, 2025	May 4, 2025	May 5, 2025	May 6, 2025	May 14, 2025
May 5, 2025	May 18, 2025	May 19, 2025	May 20, 2025	May 28, 2025
May 19, 2025	June 1, 2025	June 2, 2025	June 3, 2025	June 11, 2025
June 2, 2025	June 15, 2025	June 16, 2025	June 17, 2025	June 25, 2025
June 16, 2025	June 29, 2025	June 30, 2025	July 1, 2025	July 9, 2025
June 30, 2025	July 13, 2025	July 14, 2025	July 15, 2025	July 23, 2025
July 14, 2025	July 27, 2025	July 28, 2025	July 29, 2025	August 6, 2025
July 28, 2025	August 10, 2025	August 11, 2025	August 12, 2025	August 20, 2025
August 11, 2025	August 24, 2025	August 25, 2025	August 26, 2025	September 3, 2025
August 25, 2025	September 7, 2025	September 8, 2025	September 9, 2025	September 17, 2025
September 8, 2025	September 21, 2025	September 22, 2025	September 23, 2025	October 1, 2025
September 22, 2025	October 5, 2025	October 6, 2025	October 7, 2025	October 15, 2025
October 6, 2025	October 19, 2025	October 20, 2025	October 21, 2025	October 29, 2025
October 20, 2025	November 2, 2025	November 3, 2025	November 4, 2025	November 12, 2025
November 3, 2025	November 16, 2025	November 17, 2025	November 18, 2025	November 26, 2025
November 17, 2025	November 30, 2025	December 1, 2025	December 2, 2025	December 10, 2025
December 1, 2025	December 14, 2025	December 15, 2025	December 16, 2025	December 24, 2025
December 15, 2025	December 28, 2025	December 29, 2025	December 30, 2025	January 7, 2026
December 29, 2025	January 11, 2026	January 12, 2026	January 13, 2026	January 21, 2026

Late time submissions and mistakes may result in late payment

2025 Office Closures

New Year's Day – Wednesday, January 1*	Labor Day - Monday, September 1*
Martin Luther King, Jr Day – Monday, January 20	Columbus Day – Monday, October 13
President's Day – Monday, February 17	Veterans Day - Tuesday, November 11
Memorial Day - Monday, May 26*	Thanksgiving - Thursday-Friday, November 27-28*
Juneteenth Day – Thursday, June 19	Christmas - Wednesday-Thursday, December 24-25*
Independence Day - Friday, July 4*	

* Palco Office Closures

Worker Information & Qualification

This form is required for all workers in self-direction. Please complete this form entirely.

WORKER (APPLICANT) INFORMATION	
Full Name	ID/Last 4 of SSN

As a worker in self-direction, you must agree to the following terms of employment:

- You understand that the participant is your employer. Neither Palco, nor program/state administrators, is your employer.
- This position is paid as an employee and not as an independent contractor.
- This document does not create an anticipation, nor a contract, of employment.
- To adhere to all federal, state, local, and program laws, regulations, policies, and requirements throughout your employment. This includes staying current on information provided to you about the program throughout your employment.
- To accurately complete all enrollment documentation to ensure that you meet the program's eligibility requirements for providing services and are not prohibited in any manner from providing services.
- That your employment is contingent upon many factors, including successful completion and/or passing of required background checks, training, and/or credentialing.
- To report any changes in your ability to deliver services, including changes in your background history or qualifications required to perform services under this program.
- Being paid for services through the program is contingent upon the participant's eligibility for the program. Once eligibility terminates, you may no longer be paid through this program.
- Your participant is responsible for payment of services for activities not authorized in or exceeding the limitations established by the budget.
- Funds to pay for services are from public sources, and financial accountability and liability applies to the use of the funds. You understand that submitting false or fraudulent timesheets or submitting timesheets for tasks other than those approved on the authorized budget will be reported to the appropriate authorities for investigation and possible prosecution as fraud.
- That medical and personal information and data about the participant and the worker is confidential. You have read and agree to Palco's Privacy Practices.
- That neither Palco nor program/state administrators are responsible or liable for any negligent acts, work-related injuries, or omissions by me, the participant, participant, other workers or service providers, or authorized representatives.
- To report all critical incidents relating to the participant's health, safety, and welfare, including suspicion of fraud, abuse, or neglect.



You certify that you are at least 18 years of age or, if younger, of eligible age to obtain legal working papers under NJ law (typically 16–17 years old with valid working papers). You give your permission for Palco to run federal and state Office of Inspector General Medicaid exclusion checks and to share the results with my participant, state and program administrators, and others who may be involved in the participant’s care through this program. You understand that your employment is based on the outcome of these checks and that you cannot provide services, nor receive payment, until Palco has notified you that you have been cleared to do so. You hereby release your participant, Palco, and his/her agents from any and all liability, claims and/or demands, of whatever kind, related to the compilation or preparation of the checks hereby authorized.

- ☒ Criminal Background Check (per participant)
- ☒ Office of Inspector General (OIG) Medicaid exclusion check / List of Excluded Individuals and Entities (LEIE)
- ☒ Central Registry of Offenders Against Individuals with Developmental Disabilities
- ☒ U.S.CIS E-Verify system.

By signing below, you acknowledge that you have read this agreement and accept responsibility as a worker in self-direction, understand the responsibilities and duties associated with that role, and will comply with program policies and requirements. The information provided herein is true and accurate to the best of your knowledge. You further understand and agree that violation of this agreement will result in termination.

Worker Printed Name	Worker Signature	Date	_____
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Instructions for I-9

The United States Department of Homeland Security, Citizenship, and Immigration Services (CIS) department, requires all U.S. employers and workers to complete the I-9. The purpose is to verify that the applicant worker can be legally employed in the United States. Palco verifies all workers through the U.S. CIS online system.

Use the instructions and checklist below to guide you through completing this form. The applicant worker should complete all fields highlighted in **blue**. The Participant/Authorized Representative should complete all fields highlighted in **yellow**.

1. Complete Section 1 at the top of page 1. **Must be completed by the applicant worker.**

- ☐ Complete all fields in Section 1. The name here must match the name on your verification documents. (See #3 on this checklist.)

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.				
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number (if any)	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address		Employee's Telephone Number

- ☐ Select the following box that applies to you.
- If you select box 3, supply your alien registration or USCIS number.
 - If you select box 4, supply your work expiration date and complete any one of the three fields that follow.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):		
<input type="checkbox"/> 1. A citizen of the United States		
<input type="checkbox"/> 2. A noncitizen national of the United States (See Instr		
<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number)		
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. above) authorized to work until (exp. date, if any)		
If you check Item Number 4., enter one of these:		
USCIS A-Number	OR Form I-94 Admission Number	OR Foreign Passport Number and Country of Issuance

- ☐ Sign and date.

Signature of Employee	Today's Date (mm/dd/yyyy)
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- ☐ If necessary, complete the Preparer and/or Translator Certification boxes on page 3.

2. Complete Section 2 at the bottom of page 1. Must be completed by the Participant/Authorized Representative.

- ☐ Refer to page 2 of the I-9 for appropriate verification documents. Complete all lines associated with the documents provided in the space designated. You must complete one, but not both, of the following two options for submission:
- ☐ One document from List A.
 - ☐ One document from List B **and** One document from List C.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

- ☐ Attach copies of the verification documents listed on page 1 of the I-9. The employer must review the worker's verification documents.
- ☐ Provide the employee's first day of employment in the space provided. This date must match the date the worker signed on page 1.

The employee's first day of employment (mm/dd/yyyy): _____

- ☐ Complete the next two rows of information in Section 2, including signing and dating the form.

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code	

- D** Complete page 4 *only* if the worker had a name or citizenship status change, or if the worker previously worked for the Participant within the last three years. If none of these apply, leave page 4 blank.

For more information and assistance on how to complete this form, visit <https://www.uscis.gov/i-9>.



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)		Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="radio"/> 1. A citizen of the United States				
		<input type="radio"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="radio"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="radio"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of OHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		D Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form 1-551)</div> <div>3. Foreign passport that contains a temporary 1-551 stamp or temporary 1-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form 1-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form 1-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</div></div></div> <div>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form 1-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</div>		<div>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</div> <div>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH OHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form 1-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form 1-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div> <div>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</div> <div>The Form 1-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form 1-94 issued to a lawful permanent resident that contains an 1-551 stamp and a photograph of the individual.</div> <div>• Form 1-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [1-9 Central](#) for more information.



**Supplement A,
Preparer and/or Translator Certification for Section 1**

**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement A**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
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Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

everification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)

☐ Check here if you used an alternative procedure authorized by OHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

everification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

D Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)

D Check here if you used an alternative procedure authorized by DHS to examine documents.

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
Participant Name	Participant Name

Are you under 18?

☐

YES.

YOU CANNOT BE A PAID CAREGIVER

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

The IRS exempts some employers and workers from paying FICA taxes.

Read the statements below and select the appropriate response:

☐
☐
☐
☐
☐
☐

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 Participant.

Exempt. I am the child of my Participant and under 21.

Exempt. I am the parent of my employer. This includes adoptive and step-parents.

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

- I am the parent of the Participant and I also provide care for my grandchild or step-grandchild in my child's home.
- I am the parent of the Participant, 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 the Participant, 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.

Part B: Unemployment Tax Exemption*Federal Unemployment Tax Exemption:*

The IRS exempts some wages from FUTA (Federal Unemployment).

Read the statements below and select the appropriate response:

- ☐ **Exempt.** I am the child of the Participant and under 21.
- ☐ **Exempt.** I am the parent of the Participant. This includes adoptive and stepparents.
- ☐ **Exempt.** I am the spouse of the Participant.
- ☐ **Exempt.** I am a non-resident alien holding a visa for household services.
- ☐ **Non-Exempt.** None of the selections apply.

State Unemployment Tax Exemption:

The State exempts some wages from SUTA (State Unemployment).

Read the statements below and select the appropriate response:

- ☐ **Exempt.** I am the spouse of the Participant.
- ☐ **Exempt.** I am the parent of the Participant. This includes adoptive and stepparents.
- ☐ **Non-Exempt.** None of the selections apply.

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

Per [IRS Notice 2014-7](#), when **a worker lives full time with a NJ FamilyCare/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 NJ FamilyCare/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 it to Palco immediately. Failure to notify Palco may result in a tax bill to you or other employment-related matters for the Participant. 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

Date

Please return this form to Palco via email to enrollNJ@palcofirst.com or via Fax: 877-859-8757

New Jersey Worker Pay Rate Information

Select the appropriate reason for this form:

☐ New Worker Enrollment

☐ Change Existing Rate

REQUIRED INFORMATION	
Participant Name	Participant ID
Worker Name	Worker ID or Last 4 of SSN
Authorized Representative (AR) Name (if applicable)	AR ID (if applicable)

Below, please indicate the Pay Rate you are agreeing to. The Pay Rate is the amount that the Worker will receive per hour worked.

Rate Name	Hourly Rate

Mutual Responsibilities

Both parties agree to adhere to all policies and procedures of the Personal Preference Program.

Participant/Authorized Representative Responsibilities

The Participant/Authorized Representative shall:

- Verify worker qualifications, including criminal background checks.
- Schedule workers to provide services for payment only after being authorized by Palco, Inc. Palco cannot pay for any services provided before being issued a start date.
- Orient, train, schedule, and supervise workers.
- Provide a safe workplace free from excess hazards, employment discrimination, and harassment.
- Request worker to perform permitted and planned for duties, as determined in the Cash Management Plan. The worker should not perform prohibited services, such as administering medication, dressing wounds, and tube feeding.
- Notify workers in advance if services are not required or if a participant is no longer eligible for services.
- Verify services provided by workers by reviewing and approving timesheets, invoices, and documentation of services rendered, and ensuring submission to Palco, Inc.
- Accept responsibility for payment of services not authorized in approved spending plan.

Worker Responsibilities



The Worker shall:

- Complete mandatory pre-employment training and on-going annual training.
- Be punctual, neatly dressed, and respectful of employer's person, belongings, family members, and acquaintances.
- Use employer's personal property only if agreed upon by both parties.
- Report any suspected fraud, abuse, or neglect timely.

By signing below, the Participant/Authorized Representative and Worker certify that the information in this form is correct and was agreed to by both parties. For changes to existing rates, please allow five (5) days for processing. Once processed, the change will take effect the next pay period. Changes will not be applied retroactively to payments already made.

Worker Signature

Date

Participant/Authorized Representative Signature

Date

*Please return this form to Palco via fax: 1-877-859-8757, email: enrollNJ@palcofirst.com or mail:
PO Box 13260, Maumelle, AR 72113*

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.

OMB No. 1545-0074

2025

Step 1: Enter Personal Information	(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 www.ssa.gov .
	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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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.

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 for the 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 <input type="checkbox"/>
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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.)

Step 3: Claim Dependent and Other Credits	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	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 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 2025 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 17, 2026.

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 if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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 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. Submit a separate Form W-4 for each job.

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 2025 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.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

State of New Jersey – Division of Taxation
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box) 1. <input type="checkbox"/> Single 2. <input type="checkbox"/> Married/Civil Union Couple Joint 3. <input type="checkbox"/> Married/Civil Union Partner Separate 4. <input type="checkbox"/> Head of Household 5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
Name					
Address					
City	State	Zip			
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....					3.
4. Total number of allowances you are claiming (see instructions)					4.
5. Additional amount you want deducted from each pay					5. \$
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....					6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature					Date
Employer's Name and Address					Employer Identification Number

BASIC INSTRUCTIONS

- Line 1 Enter your name, address, and Social Security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
 Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er) Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
 - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable nonwage income will be \$20,000 or less for the current year.
 - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at (609) 292-6400.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. **It is not intended to provide withholding for other income or wages.** If you need additional withholdings for other income or wages, use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households, or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount.)

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

THIS FORM MAY BE REPRODUCED**WAGE CHART**

Total of All Other Wages		0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R	0 10,000	B	B	B	B	B	B	B	B	B	B
	10,001 20,000	B	B	B	B	C	C	C	C	C	C
	20,001 30,000	B	B	B	A	A	D	D	D	D	D
	30,001 40,000	B	B	A	A	A	A	A	E	E	E
W A G E S	40,001 50,000	B	C	A	A	A	A	A	E	E	E
	50,001 60,000	B	C	D	A	A	A	E	E	E	E
	60,001 70,000	B	C	D	A	A	E	E	E	E	E
	70,001 80,000	B	C	D	E	E	E	E	E	E	E
	80,001 90,000	B	C	D	E	E	E	E	E	E	E
	OVER 90,000	B	C	D	E	E	E	E	E	E	E

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over	Over	But Not Over			Of Excess Over
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 673	\$ 5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 +	2.0%	\$ 20,000
\$ 673	\$ 769	\$ 11.54 +	3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00 +	3.9%	\$ 35,000
\$ 769	\$ 1,442	\$ 15.29 +	6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 +	6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$ 56.35 +	7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$ 2,930.00 +	7.0%	\$ 75,000
\$ 9,615	\$ 19,231	\$ 628.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 32,680.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,580.38 +	11.8%	\$ 19,231	\$ 1,000,000	over	\$ 82,180.00 +	11.8%	\$ 1,000,000

RATE "B"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over	Over	But Not Over			Of Excess Over
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 962	\$ 5.77 +	2.0%	\$ 385	\$ 20,000	\$ 50,000	\$ 300.00 +	2.0%	\$ 20,000
\$ 962	\$ 1,346	\$ 17.31 +	2.7%	\$ 962	\$ 50,000	\$ 70,000	\$ 900.00 +	2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$ 27.69 +	3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 +	3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$ 35.19 +	6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 +	6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$ 117.31 +	7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,100.00 +	7.0%	\$ 150,000
\$ 9,615	\$ 19,231	\$ 588.46 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 30,600.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,540.38 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 80,100.00 +	11.8%	\$ 1,000,000

RATE "C"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over	Over	But Not Over			Of Excess Over
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 769	\$ 5.77 +	2.3%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 +	2.3%	\$ 20,000
\$ 769	\$ 962	\$ 14.62 +	2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 +	2.8%	\$ 40,000
\$ 962	\$ 1,154	\$ 20.00 +	3.5%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,040.00 +	3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 26.73 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,390.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 123.65 +	6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,430.00 +	6.6%	\$ 150,000
\$ 9,615	\$ 19,231	\$ 567.88 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 29,530.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,519.81 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 79,030.00 +	11.8%	\$ 1,000,000

RATE "D"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over	Over	But Not Over			Of Excess Over
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 769	\$ 5.77 +	2.7%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 +	2.7%	\$ 20,000
\$ 769	\$ 962	\$ 16.15 +	3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 +	3.4%	\$ 40,000
\$ 962	\$ 1,154	\$ 22.69 +	4.3%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,180.00 +	4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 30.96 +	5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,610.00 +	5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 127.88 +	6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,650.00 +	6.5%	\$ 150,000
\$ 9,615	\$ 19,231	\$ 565.38 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 29,400.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,517.31 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 78,900.00 +	11.8%	\$ 1,000,000

RATE "E"

WEEKLY PAYROLL PERIOD (Allowance \$19.20)					ANNUAL PAYROLL PERIOD (Allowance \$1,000)				
If the amount of taxable wages is:		The amount of income tax to be withheld is:			If the amount of taxable wages is:		The amount of income tax to be withheld is:		
Over	But Not Over			Of Excess Over	Over	But Not Over			Of Excess Over
\$ 0	\$ 385		1.5%	\$ 0	\$ 0	\$ 20,000		1.5%	\$ 0
\$ 385	\$ 673	\$ 5.77 +	2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 +	2.0%	\$ 20,000
\$ 673	\$ 1,923	\$ 11.54 +	5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00 +	5.8%	\$ 35,000
\$ 1,923	\$ 9,615	\$ 84.04 +	6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$ 4,370.00 +	6.5%	\$ 100,000
\$ 9,615	\$ 19,231	\$ 584.04 +	9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	\$ 30,370.00 +	9.9%	\$ 500,000
\$ 19,231		\$ 1,535.96 +	11.8%	\$ 19,231	\$ 1,000,000		\$ 79,870.00 +	11.8%	\$ 1,000,000

2 WAYS TO GET PAID INSTANTLY

1

Money Network Card

Palco has partnered with Money Network® Service, one of the largest card companies in the country, to offer consumers a **FREE** Money Network Card, which works just like a bank card. To see more benefits of the Money Network Card, **see the Money Network Card page**.

→ You can use your Money Network Card anywhere Visa Debit® or Debit Mastercard® are accepted.

2

Direct Deposit

A direct deposit transfers funds automatically into an existing bank account. This means that once a worker links their account electronically, money will be deposited directly into that account.

→ Workers can receive their payments directly into any bank account of their choice!

Using these methods of payment in place of a paper check ensures a worker receives their payment on pay day the moment the funds are available! No hassling with paper checks getting lost in the mail or having to wait in line at the bank!

Sign up for Direct Deposit or request your free Money Network Card today by submitting a **Pay Selection Form**. **See the Pay Selection and Direct Deposit Authorization Agreement** for more details.

To ensure quick and accurate payment, use Palco's CONNECT online timesheet and reporting portal to enter time electronically, error free, and submit it to Palco instantly. CONNECT allows you to monitor the time submission process from start through payment. .

Other Questions? Contact Palco!

Phone: 1-866-710-0456

 **PALCO**
WWW.PALCOFIRST.COM



Money Network®

Get more from your money

The Money Network® Service gives you the Savings, Convenience & Service you deserve.



More Savings

- ✓ No activation fee
- ✓ Get cash at surcharge-free ATMs
- ✓ Mobile App² for money management
- ✓ Use or cash Money Network® Checks



More Benefits

- ✓ Receive all or a portion of your wages faster than a paper check³ with direct deposit
- ✓ Make purchases anywhere Visa® Debit Cards or Debit Mastercard® is accepted
- ✓ Access to tools to set aside money for a rainy day



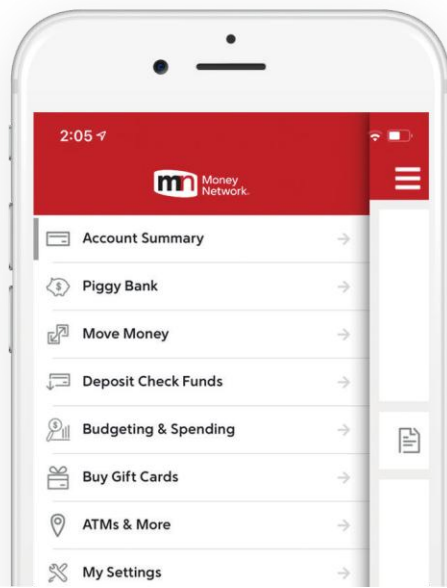
More Security

- ✓ FDIC insured*
- ✓ Visa Zero Liability** or Mastercard Zero Liability***
- ✓ Security safeguards

More Freedom

Manage your money anytime, anywhere with the Money Network Mobile App

- ✓ **Piggy Bank** → Set aside funds in up to three Piggy Banks for specific purposes.
- ✓ **Send Money to Friends** → Send money quickly to friends or family.
- ✓ **Deposit Check Funds** → Deposit check funds to your account by snapping a photo.
- ✓ **Budgeting Tools** → Customize and manage a monthly budget by category.
- ✓ **Move Money** → Transfer to a bank account in the U.S., Mexico, and Europe.
- ✓ **Locator** → Find nearby in-network Allpoint® ATMs, surcharge-free check cashing and participating retail reload locations.
- ✓ **Gift Cards** → Buy, send, and store digital gift cards with Gyft®.
- ✓ **Digital Wallet** → Add card to Apple Pay®, Samsung Pay®, or Google Pay™ for contactless payments.
- ✓ **Card Lock & Unlock** → Lock card to easily disable spend.
- ✓ **Account Alerts** → Notifications for balance, deposits, withdrawals, and more.
- ✓ **Spending Alerts** → Notifications when your spending reaches the category budget you set.
- ✓ **Fraud Alerts** → Text alert when suspicious activity occurs on your card.





Money Network[®] Earned Wage Access in Partnership with Instant Financial

With the Earned Wage Access (EWA) benefit, employees can immediately tap into their earnings after each workday – instead of waiting for customary pay cycles or paying high costs of payday lending. This allows employees to pay bills sooner, borrow less, and save more, alleviating stress from the debt cycles of payday loans.

A Desirable Benefit at No Cost

- No added fees for employer or employee
- Integration with existing payroll/HR and time tracking systems
- To-the-penny access to all funds via the patented Money Network Check
- Integration with mobile wallets
- Person-to-person (P2P) transfers at no cost
- Expansive cash access points at in-network ATMs, check-cashing partners and more
- Comprehensive banking alternative with flexible access to funds

Eligibility

In order to participate in Earned Wage Access, employees must have a Money Network Card and be signed up for their pay from Palco to be deposited on that card. To request a free Money Network Card, employees should complete a new Pay Selection Form and Palco will order one for them.

HOW IT WORKS

THREE SIMPLE STEPS

1

Employees complete their workday.

2

Employees request earned wages through mobile app¹

¹Standard message and data rates may apply.

3

Up to 50 percent of their earned pay is available to load to their Money Network Card

Contact your Money Network Representative to learn more.
800-429-9521
memberinquiries@fiserv.com

Fiserv drives innovation in Payments, Processing Services, Risk & Compliance, Customer & Channel Management and Insights & Optimization. Their solutions help clients deliver financial services to enhance the way people live and work today. Visit [fiserv.com/ewa](https://www.fiserv.com/ewa) to learn more.



Pay Selection and Direct Deposit Authorization Agreement

HOW WOULD YOU LIKE TO BE PAID? (please select only one option)

OPTION 1

☐ Money Network Services

*If you choose the Money Network Services Option, Palco will enroll you with our partners at Fiserv: Money Network Services. Fiserv will send you a Money Network Card in 1-2 weeks and Palco will begin depositing funds directly to the card. Activate your card as soon as it arrives to begin using it. You will receive paper checks during the 1-2 weeks it takes to receive your card.

OPTION 2

☐ Direct Deposit

Request Type (check one):

☐ New Account Setup

☐ Change in Existing Account

☐ Cancellation

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: enrollNJ@palcofirst.com or via fax to 1.877.859.8757.

Money Network Card Schedule A Fees

List of all fees (Long Form) for the Money Network® Service Program		
All Fees	Payor Program	Details
Monthly Usage		
Account Opening, Check, and Card Receipt	\$0.00	No fee for Account Opening, Checks, and initial Card.
Inactivity Fee	\$5.00	Fee is waived if you live in NY. Monthly fee charged when no activity occurs within Account for 12 consecutive monthly statement cycles.
Add Money		
Payor Deposit	\$0.00	Funds from a payor.
ACH Deposit of Other Funds	Not Available	Loads of other types of funds or payments, e.g. a tax refund.
Spend Money		
Signature Debit Transactions	\$0.00	Select "Credit" or sign at point-of-sale (POS).
PIN Debit Transactions	\$0.00	Select "Debit" and enter PIN at POS; cash back option at participating merchants.
Money Network® checks	\$0.00	Participating check cashing locations do not charge fees to cash Money Network Checks. To find these locations, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com or call Customer Service. Non-participating check cashing locations may charge fees that are not monitored by us. Check cashing locations may also limit the dollar amount of checks they will cash.
Get Cash or Send Cash		
ATM Withdrawal Fee or ATM Decline Fee In-Network	\$0.00	Withdrawal or Decline from ATM that is a part of our network. To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at money-network.com, or call Customer Service.
ATM Withdrawal Fee Out-of-Network	\$3.25	This is our fee. We waive our Out-of-network ATM Decline Fee if you live in NY. If you live in CT or IL, we will waive our fee for the first two ATM Declines (In-Network, Out-of-Network, or Non-US) in a calendar month. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM Decline Fee Out-of-Network		
Bank Teller Over the Counter Cash Withdrawal	\$0.00	At banks displaying the card association logo (except STAR) on the front of your Card. You may be charged a fee by the bank.

List of all fees (Long Form) for the Money Network® Service Program

Information

Monthly Paper Statement	\$0.00	You may also obtain account activity without a fee via Mobile App (data rates may apply), moneynetwork.com, or Customer Service
Customer Service	\$0.00	24/7 toll free Account access, including Account balance inquiries.
ATM Balance Inquiry Fee In-Network	\$0.00	To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service.
ATM Balance Inquiry Fee Out-of-Network	\$3.25	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.

Other

Reissuance of Lost/Stolen Card	\$6.00	Reissued Card shipped via U.S. mail 7-10 business days after order placed. One replacement Card provided at no charge each calendar year.
Priority Shipping Fee	\$24.00	Additional fee to ship replacement Card 4-7 business days after order placed. Reissuance of Card Fee also applies.
Money Network Check Stock Order	\$0.00	Shipped 7.10 business days after order placed. Up to 30 checks per order.

Additional Disclosures

Your funds are eligible for deposit insurance up to the applicable limits by the Federal Deposit Insurance Corporation ("FDIC"). Your funds will be held at MetaBank®, N.A. or placed by MetaBank as custodian at one or more participating FDIC-insured banks (each a "Program Bank"). In the event the FDIC were to be appointed as a receiver for MetaBank or a Program Bank, your funds, aggregated with any other funds you have on deposit at such institution, would be eligible to be insured up to \$250,000 for each legal category of account ownership, subject to compliance with FDIC deposit insurance requirements. You are responsible for monitoring the total amount of all direct or indirect deposits held by you or for you with MetaBank and the Program Banks for purposes of monitoring the amount of your funds eligible for coverage by FDIC insurance. To assist with calculating your FDIC deposit insurance coverage, the FDIC has an Electronic Deposit Insurance Estimator available at <https://edie.fdic.gov>. For more information, see also <https://www.fdic.gov/deposit/deposits/prepaid.html>. No overdraft/credit feature. Contact Customer Service by calling 888-913-0900, by mail at 2900 Westside Pkwy, Alpharetta, GA 30004, or visit moneynetwork.com. For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.

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Electronic Visit Verification (EVV) Live-in Caregiver Exemption Attestation

Electronic Visit Verification (EVV) is a federally mandated solution which electronically verifies that home and community-based services are delivered to the client. States are permitted to exempt live-in caregivers from EVV requirements for services provided to the client within the shared home. **This form is intended to document that a worker resides with the participant. If the worker does not reside with the participant, this form should not be used.**

PARTICIPANT INFORMATION

Full Name (First, Last):	Palco ID:
Physical Address:	City/State/Zip:

WORKER INFORMATION

Full Name (First, Last):	Palco ID:
Physical Address:	City/State/Zip:

A live-in caregiver permanently or for an extended period of time resides in the same residence as the NJ FamilyCare/Medicaid member receiving services. Live-in caregiver status is determined by meeting requirements established by the U.S. Department of Labor (DOL), internal Revenue Service or any state rules on EVV exemption.

DOL Determination¹

- "Permanently" – the worker resides on the same premises as the individual they are providing services to permanently by living, working, and sleeping on premises seven days per week and have no home of their own.
- "Extended Periods of Time" – the worker resides on the same premises as the individual they are providing services to for an extended period of time by living, working, and sleeping on premises for five days a week (120hrs or more) OR by spending less than 120 hours per week working and sleeping on premises, but spending five consecutive days or nights residing on premises.

IRS Requirements:

- The worker is receiving payments under a qualifying state NJ FamilyCare/Medicaid program as defined in [IRS notice 2014-7²](#) for care provided to a participant in the participants home.

Attestation:

☐ **Exempt.** I am a live-in worker and meet one of the definitions of live-in caregiver status.

Documentation of live-in caregiver status must be collected and maintained by the self-directing participant. **You may be asked to furnish valid documentation as outlined below at any time by**

¹ Department of Labor Application of the Fair Labor Standards Act to Domestic Service, Final Rule; Fact Sheet #79B: Live-in Domestic Service Workers Under the Fair Labor Standards Act (FLSA)

² https://www.irs.gov/irb/2014-04_IRB#NOT-2014-7

Palco or the Managed Care Organization. Failure to provide valid proof of live-in status may result in the recoupment of payment for services. Live-in caregiver status is established by the member/caregiver relationship and only pertains to relationships where documentation has been provided and approved.

Permissible Supporting Documentation (Minimum of 1): Copy of both state ID's showing shared residency; address listed on tax returns; automobile registration; voter registration card, utility or other household bill showing individuals address; bank account statement; or NJ FamilyCare/Medicaid records. All documentation must be current or have a date within the last three months if asked to furnish.

Consent:

By signing below, both the participant and worker (collectively, "parties") attest that the information provided is true and accurate. Both Parties attest that the participant receiving services and the worker live in a shared home and meet the definitions as outlined above. All information provided on this form is accurate and true. I agree to notify Palco immediately if this shared living arrangement ever changes in the future, resulting in the worker and participant residing separately. When this happens, the worker must begin meeting the EVV requirements immediately and must submit a Palco EVV Registration Form.

Participant/Authorized Representative Signature

Worker Signature

Date

Date

Palco Electronic Visit Verification (EVV) Consent

This form is for the purpose of consenting to use the Palco EVV system. Electronic Visit Verification (EVV) is a technology solution which electronically verifies visit information to ensure that home and community-based services are delivered to the client. If the worker meets a live-in status requirement, this form does not need to be completed (please see the Electronic Visit Verification (EVV) Live-in Caregiver Exemption Attestation).

PARTICIPANT INFORMATION

Full Name (First, Middle, Last):

Palco ID:

WORKER INFORMATION

Full Name (First, Middle, Last):

Palco ID:

The Palco EVV solution provides two methods for complying with EVV. The Palco Connect Mobile Application is used via a smartphone or telephony used via the participants touch tone phone. Visit www.palcofirst.com for instructions on using the mobile application and telephony/IVR.

Location Permissions: To ensure accurate Electronic Visit Verification (EVV) records, we require your permission to access your mobile device's location. By consenting, you enable us to verify the location of visits conducted by workers using our application. Your privacy is important to us, and we assure you that this information will be used solely for EVV purposes.

Offline Mode Stipulation: In the event a worker utilizes Offline Mode, it's essential to reconnect to the mobile network within a certain number of days to ensure the integrity of the data captured during visits is uploaded to Palco. Failure to reconnect within the specified period will result in the automatic discarding of offline data.

Payment of Services: 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 required under the 21st 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 NJ FamilyCare/Medicaid funds.

Consent:

By signing below, both the participant and worker (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, 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/Authorized Representative Signature

Worker Signature

Date

Date



**The Central Registry of Offenders Against Individuals with Developmental Disabilities
Employee/Volunteer Consent for Employers to Check Registry**

N.J.A.C. 10:44D

*State of New Jersey Department of Human Services Office of Program Integrity and Accountability
PO Box 700 Trenton, NJ 08625*

Please Complete the Following Information:

Employee/Volunteer Last Name: _____ **First Name:** _____

Other Last/First Names Used: (please list any/all names used, including maiden name, nicknames or other)

Date of Birth: _____ **Last Four (4) Digits of Social Security Number:** _____

Agency/Facility Name: _____

In accordance with *N.J.S.A. 30:6D-73 et seq.*, I understand that providing my employer/prospective employer with the above information is for the purpose of my employer/prospective employer conducting a check of my name/identity against the NJ Department of Human Services' (DHS) Central Registry of Offenders Against Individuals with Developmental Disabilities (Central Registry) for the purpose of working/volunteering at an agency/facility/program, licensed, regulated or contracted with the Department of Human Services.

I understand that while I am awaiting the results of the Central Registry check, I may not work unsupervised with individuals with developmental disabilities and that I must be accompanied by a senior staff member or supervisor in any activities involving individuals with developmental disabilities.

By signing this agreement, I attest that the information I have provided above is factual and correct, and I can be terminated from employment/volunteering for failure to provide accurate information.

I further attest that I am currently not on the NJ DHS Central Registry of Offenders Against Individuals with Developmental Disabilities. I understand that if my name appears on the Central Registry, I may not be employed or allowed to volunteer in a program licensed, contracted or funded, directly or indirectly, by the State of New Jersey to work with individuals with developmental disabilities.

I understand that also under *N.J.S.A. 30:6D-73 et seq.*, in my capacity as an employee, caregiver or volunteer, in a program or facility licensed, regulated or contracted with DHS, or receiving state funding directly or indirectly, I am required to immediately report any/all allegations of abuse, neglect and/or exploitation against an individual with a developmental disability to the NJ Department of Human Services and that failure to do so, while having reasonable cause to believe such an act was committed, constitutes a disorderly persons offense. I understand that when making such a report, in good faith, I am immune from any civil or criminal liability that might otherwise attach from the act of making the report. I understand that in situations of discrimination or discharge from employment as a result of making a report in good faith, I may seek court relief for such actions.

I further understand that I am required to cooperate with investigations conducted by DHS or its designee(s). I have read and understand the above and hereby give my consent for my name to be checked against the Department of Human Services, Central Registry of Offenders Against Individuals with Developmental Disabilities.

Employee/Prospective Employee/Volunteer Name (please print) _____ **Signature** _____ **Date** _____

Employer/Provider Agency Use Only

The above named individual has been checked against the Central Registry of Offenders Against Individuals with Developmental Disabilities in accordance with N.J.A.C. 10:44D

Registry Check Performed By: _____ **Date:** _____ **Listed on Registry**
Yes _____ No _____

This document should be maintained in the employee's personnel file. Do not return to DHS.