

Golden Gate Regional Center  
Participant-Directed Services Program

Dear Employer and Participant:

You have received this letter and the enclosed forms because Public Partnerships, LLC will be serving as your Fiscal Employer Agent in the Golden Gate Regional Center's Participant-Directed Services Program.

The Golden Gate Regional Center (GGRC) provides services and supports for individuals with developmental disabilities and their families. Their program offers a participant-directed approach to home and community based services. This participant-directed option is designed to assist you as the Employer (the vendorized family member) and your participant, in hiring and directing your own supports in your own home.

Public Partnerships, LLC (PPL) will serve as your Financial Management Service (FMS) provider by paying your personal workers and assuming responsibility for managing tax filings and payments on your behalf. You will need to complete the enclosed employer enrollment and tax forms and return those indicated in the accompanying checklist to Public Partnerships for processing.

On the following pages you will find the Employer Enrollment Packet Checklist and the summary of each form that needs to be completed. GGRC and PPL are committed to providing you as much support as possible; however, we must adhere to federal and state employment tax laws. **Therefore, all the employer and worker forms have to be signed and returned to PPL before a worker can begin providing services.**

We look forward to working with you!

**Please mail or fax these completed forms back to Public Partnerships**

**ATTN: CA GGRC**

**Public Partnerships**

**-or-**

**Fax to: (855)-867-1676**

**7776 S Pointe Pkwy W, Suite 150**

**Phoenix, AZ 85044**

**Phone (English)** (877)-522-1053

**Phone (Cantonese)** (877)-522-1055

**Phone (Spanish)** (877)-522-1054

**Email:** [CAGGRC@pcgus.com](mailto:CAGGRC@pcgus.com)

**Administrative Fax:** (855)-867-1676

**Timesheet Fax:** (855)-597-3876

**TTY:** (800)-360-5899

**Web:** [www.publicpartnerships.com](http://www.publicpartnerships.com)

**Employer and PPL Responsibilities**

Participant-directed services allow you and your participant to use program funds to hire your own workers. The Employer is the employer and Public Partnerships, LLC (PPL) is your Financial Management Service (FMS) provider. Below is a brief summary of what is done by whom:

**As employer, you will:**

- Complete, sign and send Employer paperwork to PPL
- Recruit and hire workers; Download Worker Packets from PPL website or contact PPL customer service at (877)-522-1053 and ask for a packet to be sent to you; and, Provide Worker Packet to potential workers;
- Verify worker qualifications, including the participant-worker relationship;
- Choose whether to authorize Criminal background checks on your potential employees
- For Respite care, the worker **cannot** be the participant’s guardian, conservator, parent or step-parent;
- Help select the services the participant will receive;
- Orient, train, schedule, and supervise worker;
- Schedule worker to provide services for payment only after being authorized by PPL;
- Establish performance evaluation criteria for each worker;
- 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 Individual Participant Plan. The worker should not perform prohibited services such as administering medication, dressing wounds, and tube feeding; unless authorized as a licensed nurse.
- Verify services provided by the worker by reviewing and approving (signing) timesheets, invoices, and documentation of services rendered, and ensuring submission to PPL in a timely manner;
- Ensure that timesheets are submitted within 3 days of the end of the pay period for the worker to be paid on time, and, not later than 30 days past the day service was delivered;
- Monitor your use of authorized services;
- Act in accordance with the policies and procedures outlined in your employment agreement;
- Notify worker in advance if services are not required or if participant is no longer eligible for services;
- Accept responsibility for payment of services not authorized in approved spending plan;
- Ensure that there is no misrepresentation of time, services, individuals, and/or other information.

**As the Financial Management Service Provider, PPL will:**

- Process timesheets and issue paychecks to workers semi-monthly.
- Withhold appropriate state and federal taxes for each worker.
- File quarterly and/or annual forms and tax deposits with State and federal agencies (See below to learn more about what taxes are withheld)
- Issue W-2 Statements to each worker in late January.
- Answer all questions that you and your workers have.
- Help you and your workers with the enrollment process.

**Phone (English)** (877)-522-1053

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**Phone (Spanish)** (877)-522-1054

**Email:** [CAGGRC@pccus.com](mailto:CAGGRC@pccus.com)

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**Employer Enrollment Packet Checklist**

**FORMS FOR THE EMPLOYER TO COMPLETE, SIGN, & RETURN TO PPL**

**REQUIRED:**

INFORMATION SHEETS ON EACH REQUIRED FORM ARE INCLUDED IN THIS PACKET

- IRS Form SS-4:** Application for Employer Identification Number.
- IRS Form 2678:** Employer Appointment of Agent.
- IRS Form 8821:** Tax Information Authorization.
- CA DE 1HW:** Registration Form for Employers of Household Workers.  
*If you have a driver's license, you must complete that field on the form.*
- CA DE 48:** Power of Attorney Declaration. Informational sheet included in this packet.
- Criminal background Check Authorization Form:** This form notifies PPL whether or not you require a criminal background check on your potential employees.  
➤ **This form is found in your workers' packets. You must complete this form for each individual worker before they can provide services**

**NOT REQUIRED:**

- PPL Designation of Guardian/ Power of Attorney Form:** Declaration of Representative Form. Form included in this packet.
- Separation of Employment Form:** To be completed only if a Worker is fired or quits. Form included in this packet.

**Please work with your Social Worker or call Public Partnerships to complete these forms**

**Please call us at (877)-522-1053 if you have any questions.**

We look forward to working with you!

<b>Phone (English)</b>	(877)-522-1053	<b>Administrative Fax:</b>	(855)-867-1676
<b>Phone (Cantonese)</b>	(877)-522-1055	<b>Timesheet Fax:</b>	(855)-597-3876
<b>Phone (Spanish)</b>	(877)-522-1054	<b>TTY:</b>	(800)-360-5899
<b>Email:</b>	<a href="mailto:CAGGRC@pcgus.com">CAGGRC@pcgus.com</a>	<b>Web:</b>	<a href="http://www.publicpartnerships.com">www.publicpartnerships.com</a>

# IRS FORM SS-4: Application for Employer Identification Number

## What is it for?

This form tells the IRS that you are going to be an Employer and is used to obtain an **Employer Identification Number (EIN)** from the IRS. This EIN is used to open state employer accounts and assign all tax deposit and filing responsibility to PPL.

## Why isn't my address listed on lines 4a and 4b?

Lines 4a and 4b ask for the mailing address to be attached to this employer account. Public Partnerships does not intend to burden you with IRS paperwork. By establishing Public Partnerships' address as the mailing address on your employer account, Public Partnerships ensures that you will not receive IRS paperwork relating to this program at your home.

Form <b>SS-4</b> Application for Employer Identification Number		OMB No. 1545-0003
(Rev. January 2009)		EIN
Department of the Treasury Internal Revenue Service		
(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)		
▶ See separate instructions for each line. ▶ Keep a copy for your records.		
1 Legal name of entity (or individual) for whom the EIN is being requested		
2 Trade name of business (if different from name on line 1)		3 Executor, administrator, trustee, "care of" name
PUBLIC PARTNERSHIPS, LLC		
4a Mailing address (room, apt., suite no. and street, or P.O. box)		4b Street address (if different) (Do not enter a P.O. box.)
6 Admiral's Way		
4c City, state, and ZIP code (if foreign, see instructions)		4d City, state, and ZIP code (if foreign, see instructions)
Chelsea, MA 02150		
5 Country and state where principal business is located		
7a Name of principal officer, general partner, grantor, owner, or trustee		7b SSN, ITIN, or EIN
8a Is this application for a limited liability company (LLC) (or a foreign equivalent)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8b If 8a is "Yes," enter the number of LLC members <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9c If 8a is "Yes," was the LLC organized in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
9a Type of entity (check only one box). Caution: If 8a is "Yes," see the instructions for the correct box to check.		
<input type="checkbox"/> Sole proprietor (SSN) _____ <input type="checkbox"/> Estate (SSN of decedent) _____ <input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) _____ <input type="checkbox"/> Corporation (enter form number to be filed) _____ <input type="checkbox"/> Trust (TIN of grantor) _____ <input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government <input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military <input type="checkbox"/> Other nonprofit organization (specify) _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal government/enterprise <input checked="" type="checkbox"/> Other (specify) ▶ Household Employer using Sub-Agent Group Exemption Number (GEN) if any ▶		
9b If a corporation, name the state or foreign country (if applicable) where incorporated State Foreign country		
10 Reason for applying (check only one box) <input type="checkbox"/> Banking purpose (specify purpose) ▶		
<input type="checkbox"/> Started new business (specify type) ▶ <input type="checkbox"/> Changed type of organization (specify new type) ▶ <input type="checkbox"/> Purchased going business <input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Created a trust (specify type) ▶ <input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Created a pension plan (specify type) ▶ <input checked="" type="checkbox"/> Other (specify) ▶ Household Employer using Sub-Agent		
11 Date business started or acquired (month, day, year). See instructions.		12 Closing month of accounting year <b>December</b>
13 Highest number of employees expected in the next 12 months (enter -0- if none). Agricultural Household Other		14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (if you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")
15 First date wages or annuities were paid (month, day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) _____		
16 Check one box that best describes the principal activity of your business: <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker		
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail <input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) ▶ Household Employer using Sub-Agent		
17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. Hire Employees for In-House Care		
18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," write previous EIN here ▶ _____		
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.		
Third Party Designee	Designee's name AGENT STAFF: Address and ZIP code 6 Admiral's Way, Chelsea MA 02150	Designee's telephone number (include area code) ( 866 ) 537-8379 Designee's fax number (include area code) ( ) ( )
Under penalty of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) ( ) ( )
Signature ▶ _____		Applicant's fax number (include area code) ( ) ( )
Date ▶ _____		
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.		Cat. No. 16555N Form <b>SS-4</b> (Rev. 1-2009)

## Who are the people listed in the 'Third Party Designee' section?

Those are PPL staff members who are experienced obtaining EINs on behalf of participant/employers. These three individuals are the only people who can obtain the EIN on your behalf.

## What lines do I complete?

Public Partnerships has completed the SS-4 in a way that notifies the IRS that even though you will be the official employer of your service providers, you will be using Public Partnerships to file and deposit your employer taxes. If you have applied for an EIN in the past please complete line 18.

If you have any questions please call PPL Customer Service at **(877)-522-1053**

# IRS FORM 2678 Employer Appointment of Agent

## What is it for?

This form tells the IRS that you give Public Partnerships permission to complete tax forms for you. By signing this form, you authorize Public Partnerships to withhold taxes from your employees' paychecks and deposit those taxes with the IRS. With this form, you delegate the employer tax responsibility to Public Partnerships.

## If I appoint you as my agent with the IRS Form 2678, what will you be able to do?

The IRS Form 2678 only allows us to withhold taxes from your employee's paychecks and deposit those taxes to the IRS. This form is only recognized by the IRS; other tax agencies do not recognize this form. The 2678 does not authorize us to perform any other tax responsibilities.

**Form 2678 Employer/Payer Appointment of Agent** (Rev. October 2007) Department of the Treasury — Internal Revenue Service (OMB No. 1545-0746)

Use this form if you want to request approval to have an agent file returns and make deposits or payments of employment or other withholding taxes or if you want to revoke an existing appointment.

**For IRS use:**

• If you are an employer or payer who wants to request approval, complete Parts 1 and 2 and sign Part 2. Then give it to the agent. Have the agent complete Part 3 and sign it.

**Note:** This appointment is not effective until we approve your request. See the instructions for filing Form 2678 on page 3.

• If you are an employer, payer, or agent who wants to revoke an existing appointment, complete all three parts. In this case, only one signature is required.

**Part 1: Why you are filing this form...**

(Check one)

You want to appoint an agent for tax reporting, depositing, and paying.

You want to revoke an existing appointment.

**Part 2: Employer or Payer information if you want to appoint an agent or revoke an appointment, complete this part.**

1 Employer identification number (EIN)

2 Employer's or payer's name (not your trade name)

3 Trade name (if any)

4 Address

5 For each of which you want to appoint an agent or revoke the agent's appointment to file, (check all that apply)

	For ALL employees/payers	For SOME employees/payers
Form 941, 941-PR, 941-SS (Employer's QUARTERLY Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 943, 943-PR (Employer's Annual Federal Tax Return for Agricultural Employees)	<input type="checkbox"/>	<input type="checkbox"/>
Form 944, 944-PR, 944-SS, 944-SP (Employer's ANNUAL Federal Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form 945 (Annual Return of Withheld Federal Income Tax)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-1 (Employer's Annual Railroad Retirement Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>
Form CT-2 (Employer Representative's Quarterly Railroad Tax Return)	<input type="checkbox"/>	<input type="checkbox"/>

**Note:** You may NOT appoint an agent to report, deposit, and pay taxes reported on Form 940, Employer's Annual Federal Unemployment (FUTA) Tax Return.

I am authorizing the IRS to disclose otherwise confidential tax information to the agent relating to the authority granted under this appointment, including disclosures required to process Form 2678. The agent may contact with a third party, such as a reporting agent or certified public accountant, to prepare or file the returns covered by this appointment, or to make any required deposits and payments. Such contact may authorize the IRS to disclose confidential tax information of the employer/payer and agent to such third party. If a third party fails to file the returns or make the deposits and payments, the agent and employer/payer remain liable.

Sign your name here  Print your name here

Date  /  /  Print your title here

Best daytime phone  -

Now give this form to the agent to complete. ➔

Old No. 14700 Form 2678 (Rev. 10-2007)

## What liability does PPL take on when I sign the 2678?

The IRS Form 2678 subjects Public Partnerships to all provisions of law, including penalties that the employer incurs. When you authorize Public Partnerships as your agent with Form 2678, PPL is responsible by law for correctly representing you.

## Does the IRS Form 2678 authorize you to file my personal income taxes?

No. Public Partnerships only deposits withholding taxes for your employees. Public Partnerships cannot handle any of your personal income tax matters.

If you have any questions please call PPL Customer Service at (877)-522-1053

# IRS FORM 8821

## Tax Information Authorization

### What is it for?

This form allows Public Partnerships to discuss your employer withholding account with the IRS. It does not allow these representatives to sign any documents.

### How is this different than the IRS Power of Attorney form?

The IRS Power of Attorney Form allows Public Partnership's CPA Michael McConville to sign employer tax reports. This form allows 3 specific Public Partnerships representatives to talk and write to the IRS about your employer tax account.

### Will the Fiscal Intermediary to be able to discuss my personal tax account with the IRS?

No. Public Partnerships will only be able to discuss the employer tax forms listed in Section 3b. Public Partnerships will never be able to obtain any personal income tax information with this form.

### I make all decisions about my life. If I sign this, what decisions can PPL make for me?

This form only lets the Public Partnerships talk and write to the IRS. Public Partnerships cannot make decisions about your personal life.

<b>Form 8821</b> <small>(Rev. August 2008)</small> Department of the Treasury Internal Revenue Service		<b>Tax Information Authorization</b> ▶ Do not sign this form unless all applicable lines have been completed. ▶ Do not use this form to request a copy or transcript of your tax return. Instead, use Form 4506 or Form 4506-T.		<small>OMB No. 1545-0045</small> For IRS Use Only Received by: _____ Name: _____ Telephone: _____ Fax: _____ Date: ____/____/____
<b>1 Taxpayer information.</b> Taxpayer(s) must sign and date this form on line 7.				
Taxpayer name(s) and address (type or print)		Social security number(s)	Employer identification number	
Daytime telephone number ( )		Plan number (if applicable)		
<b>2 Appointee.</b> If you wish to name more than one appointee, attach a list to this form.		Name and address CAF No. _____ Telephone No. 617-426-2026 Fax No. 617-889-5736 Check if new: Address <input type="checkbox"/> Telephone No. <input type="checkbox"/> Fax No. <input type="checkbox"/>		
<b>3 Tax matters.</b> The appointee is authorized to inspect and/or receive confidential tax information in any office of the IRS for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns.				
(a) Type of Tax (Income, Employment, Excise, etc.) or Civil Penalty	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s) (see the instructions for line 3)	(d) Specific Tax Matters (see instr.)	
Income Tax Withholding &	SS-4, 940, 941, 941(c)	Quarters 1, 2, 3, 4 in 2009-2012	TAX LIABILITY	
Employment Taxes	843, W-2, W-2(c), W-3			
<b>4 Specific use not recorded on Centralized Authorization File (CAF).</b> If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions on page 4. If you check this box, skip lines 5 and 6. <input type="checkbox"/>				
<b>5 Disclosure of tax information</b> (you must check a box on line 5a or 5b unless the box on line 4 is checked): a If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box <input checked="" type="checkbox"/>				
b If you do not want any copies of notices or communications sent to your appointee, check this box <input type="checkbox"/>				
<b>6 Retention/revocation of tax information authorizations.</b> This tax information authorization automatically revokes all prior authorizations for the same tax matters you listed on line 3 above unless you checked the box on line 4. If you do not want to revoke a prior tax information authorization, you must attach a copy of any authorizations you want to remain in effect and check this box <input type="checkbox"/> To revoke this tax information authorization, see the instructions on page 4.				
<b>7 Signature of taxpayer(s).</b> If a tax matter applies to a joint return, either husband or wife must sign. If signed by a corporate officer, partner, guardian, executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the authority to execute this form with respect to the tax matters/periods on line 3 above. ▶ IF NOT SIGNED AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED. ▶ DO NOT SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.				
Signature _____ Date _____ Household Employer		Signature _____ Date _____		
Print Name _____ Title (if applicable) _____		Print Name _____ Title (if applicable) _____		
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PIN number for electronic signature		
<small>For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 11596P Form 8821 (Rev. 9-2008)</small>				

If you have any questions please call PPL Customer Service at (877)-522-1053

# California Form DE 1HW

## California Employment Development Department

### California Registration Form for Employers of Household Workers

#### What is it for?

This form will register the Employer with the California Employment Development Department for the purposes of withholding taxes from your workers & your state employment taxes.

#### What liability will I have for state employment taxes?


PPL will file and pay all required tax returns on your behalf. At year end, PPL will produce and distribute form W-2 to your workers.

#### What parts of this form do I have to complete?

PPL has pre populated all areas of the form that can be completed at this time. All that is required is a dated signature.

#### Will I receive any correspondence from the EDD?

Occasionally, a participant will receive a notice, informational pamphlets, or a report from the EDD. If this should occur, you should contact customer service or fax a copy of the correspondence to PPL's administrative fax line. We will be happy to assist you with any questions or concerns.

		<small>DO NOT FILE FOR US UNTIL YOU HAVE PAID WAGES OF \$500. PLEASE PRINT IN BLACK INK ONLY. IF YOU ARE AN AGENCY PROVIDING SERVICES FOR OTHERS, YOU MUST SIGN AS AGENCY FOR EMPLOYER ON DE 1HW.</small>		<b>EMPLOYMENT DEVELOPMENT DEPARTMENT</b> ACCOUNT SERVICES GROUP, M/C 29 P.O. BOX 622890 SACRAMENTO CA 95829-0001 (916) 227-3333 FAX (916) 227-3331 www.edd.ca.gov	
<b>REGISTRATION FORM FOR EMPLOYERS OF HOUSEHOLD WORKERS</b> <small>See reverse for registration instructions.</small>					
EDD ACCOUNT NUMBER [ ][ ] - [ ][ ] - [ ][ ] - [ ][ ]		DEPT. USE ONLY:		QUARTER: [ ][ ] - [ ][ ] ONLINE PROCESS DATE: [ ][ ] - [ ][ ] - [ ][ ]	
<b>A. EMPLOYER NAME(S):</b> _____		<b>SOCIAL SECURITY NUMBER:</b> _____		<b>CALIFORNIA DRIVER'S LICENSE #:</b> _____	
<b>B. MAILING ADDRESS:</b> (P.O. Box / Number and Street) _____		<b>CITY:</b> _____		<b>STATE:</b> _____ <b>ZIP CODE:</b> _____ <b>DAYTIME PHONE NUMBER:</b> ( ) - _____	
<b>IN CARE OF:</b> _____		<b>C. EMPLOYEE WORK SITE ADDRESS:</b> (Number and Street, not P.O. Box) _____		<b>COUNTY:</b> _____	
<b>D. INDICATE QUARTER &amp; YEAR IN WHICH YOU FIRST PAID \$750 BUT NOT MORE THAN \$999 IN CASH WAGES:</b> <input type="checkbox"/> Jan-Mar 20__ <input type="checkbox"/> Apr-Jun 20__ <input type="checkbox"/> Jul-Sept 20__ <input type="checkbox"/> Oct-Dec 20__ <input type="checkbox"/> NONE				<b>E. Number of Employees:</b> _____	
<b>F. INDICATE QUARTER &amp; YEAR IN WHICH YOU FIRST PAID \$1,000 OR MORE IN CASH WAGES:</b> <input type="checkbox"/> Jan-Mar 20__ <input type="checkbox"/> Apr-Jun 20__ <input type="checkbox"/> Jul-Sept 20__ <input type="checkbox"/> Oct-Dec 20__ <input type="checkbox"/> NONE				<b>G. Number of Employees:</b> _____	
<b>H. HAVE YOU EVER OWNED OR BEEN A PRINCIPAL OWNER IN A BUSINESS REGISTERED WITH EDD?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, complete I. _____		<b>I. FORMER EDD ACCOUNT NUMBER(S):</b> _____ <b>BUSINESS NAME:</b> _____ <b>ADDRESS:</b> _____ <small>NOTE: If necessary, please provide additional information on a separate sheet.</small>			
<b>J. ORGANIZATION TYPE:</b> <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> CO-OWNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER				<b>K. FEDERAL TAX ID #:</b> _____	
<b>L. DO YOU ELECT TO PAY CALIFORNIA EMPLOYMENT TAXES ON AN ANNUAL BASIS?</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <small>SEE INSTRUCTIONS FOR MORE INFORMATION</small>					
<b>M. CONTACT PERSON FOR BUSINESS:</b>		<b>TITLE/COMPANY NAME:</b> _____		<b>ADDRESS:</b> _____	
				<b>DAYTIME PHONE NUMBER:</b> ( ) - _____	
<b>E-MAIL:</b> _____					
<b>H. DECLARATION</b> I certify under penalty of perjury that the above information is true, correct, and complete, and that these actions are not being taken to receive a more favorable Unemployment Insurance Rate. I further certify that I have the authority to sign on behalf of the above business.					
Signature: _____		Title: _____		<small>(Individual Owner, Co-owner, Corporate Officer, or authorized Agent)</small>	
Printed Name: _____		Daytime Phone Number: ( ) - _____		Date: _____	
<b>O. PAYROLL TAX EDUCATION</b> Attend a payroll tax seminar that will help you understand how, what, and when to report State payroll taxes. Visit our Web site at <a href="http://www.edd.ca.gov/payroll_tax_seminars/">www.edd.ca.gov/payroll_tax_seminars/</a> or call us at (888) 746-3886 for more information.					
<small>DE 1HW Rev. 9 (1-11) (INTERNET)</small>		<small>Page 1 of 2</small>		<small>CU</small>	

If you have any questions please call PPL Customer Service at (877)-522-1053

# California FORM DE 48 Employment Development Department Power of Attorney Declaration

## What is it for?

This form allows Public Partnerships to represent you before the State of California Employment Development Department (EDD).

## How is this different than the IRS Power of Attorney form?

The IRS Power of Attorney Form allows Public Partnership's CPA Michael McConville to sign Federal employer tax reports. This form allows Public Partnerships to talk and write to the EDD about your unemployment account.

**I make all decisions about my life. If I sign this, what decisions can PPL make for me?**

This form lets Public Partnerships talk, write and file returns to the EDD. It also designates PPL's mailing address as the primary address for correspondence from EDD. Public Partnerships cannot make decisions about your personal life.

EDD Employment Development Department State of California		Seal of the State of California	
<b>POWER OF ATTORNEY DECLARATION</b> <small>SEE INSTRUCTIONS ON PAGE 2</small>			
<b>I. EMPLOYER/TAXPAYER INFORMATION (please type or print)</b>			
California Employer Account Number:		Federal Employer Identification Number (FEIN): <small>999-XXXXXXX</small>	
Owner/Corporation Name: <small>Employer First Employer Last Name</small>		Social Security Number (SSN)/Corporate Identification Number:	
Business Name/Doing Business As (DBA):			
Business Mailing Address: <small>6 Admicals Way</small>			
City: <small>Chalissa</small>		State: <small>WA</small>	Zip: <small>99150</small>
Business Telephone No.:		Business FAX No.:	
Business Location (if different from above):			
City: <small>Comanche/Employer Address</small>		State: <small>CA</small>	Zip:
<b>II. REPRESENTATIVE DESIGNATION</b> I hereby appoint the following person to represent the employer/taxpayer for specified tax matters arising under the California Unemployment Insurance Code.			
Representative's Business:			
Representative's Name:		Telephone No.:	FAX No.:
Street Address:		City:	
		State:	Zip:
<b>III. AUTHORIZED ACT(S)</b>			
<input type="checkbox"/> GENERAL AUTHORIZATION: If you want to give the representative general authority to perform all acts on your behalf with regard to your state tax matters.			
<input checked="" type="checkbox"/> SPECIFIC DECLARATION: If you want to give the representative limited authority with regard to your state tax matters, indicate the specific dates and acts you are authorizing.			
<input checked="" type="checkbox"/> To represent the employer/taxpayer for any and all <input type="checkbox"/> Tax Reporting <input type="checkbox"/> Benefit Reporting <input type="checkbox"/> Both matters relating to the reporting period indicated above.			
<input checked="" type="checkbox"/> To represent the employer/taxpayer for changes to their mailing address for any and all <input type="checkbox"/> Tax Reporting <input type="checkbox"/> Benefit Reporting <input type="checkbox"/> Both matters relating to the reporting period indicated above.			
<input type="checkbox"/> Other acts: (describe specifically) _____			
<input type="checkbox"/> Subject to revocation, the above representative is authorized to receive confidential information.			
<b>IV. SIGNATURE AUTHORIZING POWER OF ATTORNEY</b> Signature of the employer/taxpayer, owner, officer, receiver, administrator, or trustee for the Employer/taxpayer - If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, administrator, or trustee on behalf of the employer/taxpayer, you are certifying that you have the authority to execute this form on behalf of the employer/taxpayer by signing this Power of Attorney Declaration.			
<i>If this Power of Attorney Declaration is not signed and dated, it will be returned as invalid.</i>			
Signature _____		Household Employer Title (Owner, Partner, Corp. Officer, Pres., Vice Pres., CEO or CFO)	
Employer of Record Print Name _____		SSN - <small>999-XX-XXXX</small>	Date _____
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If you have any questions please call PPL Customer Service at (877)-522-1053



**Public Partnerships, LLC  
CA GGRC Program  
7776 S Pointe Pkwy W, Suite 150  
Phoenix, AZ 85044  
Fax: 855-867-1676**

If you have a Legal Guardian or Power of Attorney with whom you consent to PPL sharing information with in regard to your service authorization usage, please complete the attached form and included documentation of either the Legal Guardian or Power of Attorney.

**Participant Information**

Participant ID Number: \_\_\_\_\_

Date of Birth:    /    /

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

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

**Legal Guardian**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

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

**Power of Attorney**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

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

**Participant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**POA/LG Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*Please fax (855-867-1676) or mail completed and signed forms to: Public Partnerships, LLC**

**General definitions of the roles of a Legal Guardian and Power of Attorney can be found below if you are unsure as to whether or not you have appointed someone to this role.**

**Legal Guardian:** An individual who has the legal authority and duty to care for the participant's person or property, especially because of the participant's incapacity or disability. An adult of eighteen (18) years or older, who is of sound mind and not acting under duress, fraud, or influence, may nominate a Guardian of his person or property. Upon incapacitation, this nomination shall be binding once approved by the Court. This nomination must be in writing.

**Power of Attorney:** An instrument granting an individual the authority to act as agent or attorney-in-fact for the Participant. The purpose of this Power of attorney is to give the person the participant designates broad powers to make health care decisions, including power to require, consent to or withdraw any type of personal care or medical treatment for any physical or mental condition and to admit the participant to or discharge the participant from any hospital, home or other institution, but not including psychosurgery, sterilization or involuntary hospitalization or treatment.

## Separation of Employment Form

Public Partnerships, LLC  
 CA GGRC Program  
 7776 S Pointe Pkwy W, Suite 150  
 Phoenix, AZ 85044  
 Fax: 855-867-1676

**Purpose:** The purpose of this form is to better document terminations and other separation of employment situations. It also facilitates in a more accurate way of processing unemployment claims and allows PPL to have a better understand the details of the working arrangement.

Worker Name:	PPL Worker Number:
Participant Name:	Participant ID:
Last day worker <i>physically</i> worked:	
Reason for separation (circle only one)    Quit    Fired    Laid off	
Did you attach a final timesheet for terminated workers? (circle one)    Yes    No Please send with final timesheet if worker has been terminated.	
Worker's forwarding address: (If applicable)	

### Details of the Events

**(Please give a brief description of the conversation you had with the worker on the day of the separation)**

Employer Name (print):	
Employer signature	Date

**\*Please fax (855-867-1676) or mail completed and signed forms to: Public Partnerships, LLC**

**Golden Gate Regional Center**  
**Authorized Representative Form**

**Participant Information**

UCI Number # \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_  
Signature of Employer or Participant \_\_\_\_\_ Date \_\_\_\_\_

**Authorized Representative**

*Please circle either YES or NO which indicates your agreement with and acknowledgement of the following:*

1. I understand that I may designate a family member or friend as an Authorized Representative to assist me in my responsibilities to the extent that I prefer. My Authorized Representative may not act as either my employee or my independent contractor.

I understand that if I choose an Authorized Representative, I am not giving up any of my decision-making authority. I understand that I may change my mind and revoke my choice of an Authorized Representative at any time by notifying Public Partnerships LLC, my fiscal employer agent.

2. I want to designate an Authorized Representative to assist me in the Golden Gate Regional Center program with PPL

I have discussed the specific assistance I would like from my Authorized Representative. I give my permission for members of the PPL team to contact my Authorized Representative listed below:

*If you wish to appoint and Authorized Representative, please provide the following information:*

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **M.I.** \_\_\_\_\_  
**Phone** (\_\_\_\_) \_\_\_\_\_ **Email** \_\_\_\_\_  
**Relation to the Employer** \_\_\_\_\_

I agree to serve as the Participant’s Authorized Representative:

**Authorized Representative Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*Please note: This is an **OPTIONAL** form. This form is only required if an individual other than the Employer will be assisting with Employer responsibilities*



# Injured on the job and need to file a claim?

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Call our **TGA Cross** insurance broker:

**Gracinda Pereira**

**(781)224-5734 Direct Phone**

**(781)224-9434 Direct Fax**

**(978)335-0928 Mobile**

**401 Edgewater Place, Suite 220**

**Wakefield, MA 01880**

**1-800-531-5211 Ext. 5734**

**When calling, please identify your fiscal agent as Public Partnerships LLC  
(PPL)**

