

Public Partnerships, LLC
TennCare Employment and Community First CHOICES
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TennCare Employment and Community First CHOICES Member *Information* Packet

Dear Member:

This Information Packet contains instructional documents to help you fill out your Employer of Record Enrollment Packet. It also contains informational forms which will help you be a successful employer for the Providers you hire. In this packet you will find:

INFORMATION for Member:

- Ø TN Employment and Community First Payment Schedule
- Ø PPL Customer Service Contact Information
- Ø BetterOnline™ Web Portal Registration Instructions
- Ø E-Timesheet Instructions

INSTRUCTIONS to help fill out your Employer of Record Enrollment Packet:

- Ø Instructions for IRS Form SS-4
- Ø Instructions for IRS Form 2678
- Ø Instructions for IRS Form 8821
- Ø Instructions for LB 0441
- Ø Instructions for LB 0927

**If you have questions, please call PPL customer service at
1-888-419-7753.**

Member *Instructions*

Please read through these Instructions while completing the *Required* forms.

Instructions for IRS Form SS-4

Instructions for IRS Form 2678

Instructions for IRS Form 8821

Instructions for Form LB 0441

Instructions for Form LB 0927

Instructions for IRS Form SS-4

What is the purpose of this form?

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 identify an employer when filing employment tax returns and depositing employer withholding taxes to the IRS.

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. As your fiscal agent, PPL does not burden you with IRS paperwork. By establishing PPL's address as the mailing address on your employer account, PPL ensures that you will not receive IRS paperwork relating to this program at your home.

What fields need completed?

PPL pre-populates this form for your convenience. You only need to sign and date the Signature and Date line at the bottom of the page.

Who needs to sign?

ONLY the Employer may sign this form. If the Employer requires a Guardian or Power of Attorney to sign on their, then documentation **must** be provided to PPL that shows proof of the Guardianship or Power of Attorney.

Instructions for IRS Form 8821

What is the purpose of this form?

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

Will PPL 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. PPL will never be able to be able to obtain any personal income tax information.

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

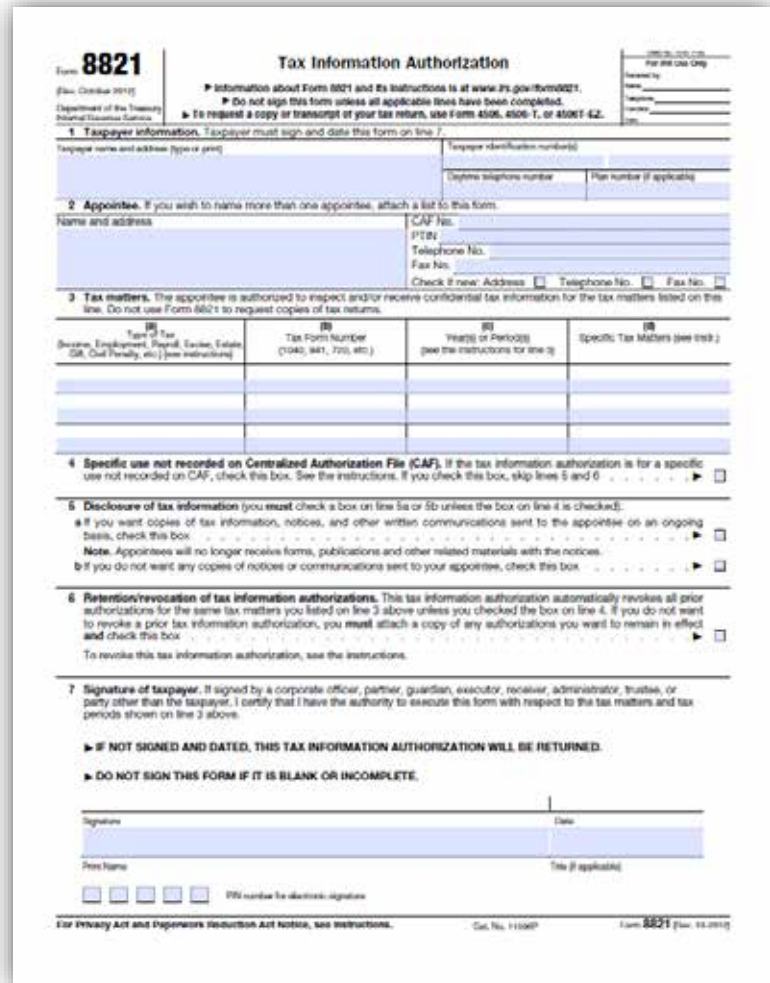
This form only lets PPL talk and write to the IRS. PPL cannot make decisions about your personal life.

What fields need completed?

PPL pre-populates this form for your convenience. You only need to sign and date the Signature and Date fields near the bottom left of the page.

Who needs to sign?

ONLY the Employer may sign this form. If the Employer requires a Guardian or Power of Attorney to sign on their behalf, then documentation must be provided to PPL that shows proof of the Guardianship or Power of Attorney.



The image shows the IRS Form 8821, Tax Information Authorization, for the year 2012. The form is titled "Form 8821 Tax Information Authorization" and includes the following sections:

- 1 Taxpayer information:** Taxpayer must sign and date this form on line 7. Fields include taxpayer name and address, taxpayer identification number, daytime telephone number, and plan number (if applicable).
- 2 Appointee:** If you wish to name more than one appointee, attach a list to this form. Fields include name and address, CAF No., P/E#, telephone number, fax number, and checkboxes for "Check if new" for address, telephone number, and fax number.
- 3 Tax matters:** The appointee is authorized to inspect and/or receive confidential tax information for the tax matters listed on this line. Do not use Form 8821 to request copies of tax returns. A table with columns for Tax Type, Tax Form Number, Year(s) or Period(s), and Specific Tax Matters (see instructions).
- 4 Specific use not recorded on Centralized Authorization File (CAF):** If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6.
- 5 Disclosure of tax information:** You must check a box on line 5a or 5b unless the box on line 4 is checked. 5a: If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box. 5b: If you do not want any copies of notices or communications sent to your appointee, check this box.
- 6 Retention/revocation of tax information authorizations:** 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. To revoke this tax information authorization, see the instructions.
- 7 Signature of taxpayer:** 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 and tax periods shown on line 3 above. Includes fields for Signature and Date, and checkboxes for "Print name" and "This is applicable".

At the bottom, there are checkboxes for "Use number for electronic signature" and footer text: "For Privacy Act and Paperwork Reduction Act notice, see instructions. Cat. No. 11090P Form 8821 (Rev. 11-2011)".

State of Tennessee Department of Labor and Workforce Development

Report to Determine Status Application for Employer Number

What is it for?

Every new business that starts up in Tennessee is required to file Form LB-0441, Report to Determine Status Application for Employer Number, so that the Employment Security Division of the State of Tennessee Department of Labor and Workforce Development can determine whether or not the employer is subject to the state unemployment tax. This form is also used to obtain an Employer Account Number.

Will I have to pay for my employee's unemployment benefits?

No. Employer taxes are paid on your behalf by PPL with funds that support the CHOICES consumer direction program.

Some lines are already filled out – is this ok?

Yes. PPL was able to complete these, and it will save you time and work. Some information, however, only you know. Please complete all of these sections and sign the form.

RETURN TO: EMPLOYER SERVICES
 TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 601 W. WASHINGTON ST., 10TH FLOOR
 NASHVILLE, TN 37243-1000 FAX: (615) 741-7014

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
 REPORT TO DETERMINE STATUS
APPLICATION FOR EMPLOYER NUMBER

1. Enter Federal Number, Business Name and Address

Federal Number: _____
 Employer Name: Employer First and Last Name
 Trade Name: _____
 Mailing Address: Public Partnerships, LLC
6 Adams Way
Chattanooga, TN 37410

PHYSICAL BUSINESS ADDRESS in Tennessee (different from above):
 Employer Street Address: _____
 Employer city, state, and ZIP: _____

PHONE: (_____) _____
 FAX: (_____) _____
 E-MAIL ADDRESS: _____

2. Is your organization a Small Leasing Company? YES NO If Yes, Tennessee license number: _____
 Is your organization a Small Leasing Company? YES NO

3. CHECK (X) FORM OF ORGANIZATION

INDIVIDUAL
 PARTNERSHIP
 CORPORATION
 LIMITED LIABILITY COMPANY
 LIMITED PARTNERSHIP
 OTHER

4. Name of Owner, Partners, Corporate Officers, Limited Liability Company Members and Managers (If Board Members, General Partners (Attach separate sheet if necessary))

 Employer First and Last Name Employer SSN Employer city, state, and ZIP

NOTE: If a Limited Liability Company, are you created by D/W as a(n) Individual Proprietorship Partnership or as a Corporation

5. Name of person responsible for payroll records: Public Partnerships, LLC Phone Number: 617-426-2026

6. A. Number of weeks you have employed (will employ) in TN: 3
 B. Date you last employed (will employ) a worker in TN: 01 / 01 / 2007
 C. Date you last paid (will pay) a worker in Tennessee: 01 / 01 / 2007
 D. Are you presently reporting for UI purposes in another state? YES NO If Yes, which state? _____
 E. If a corporation, give Date and State of Incorporation: _____
 Date: _____ State: _____ EIN# _____

7. REGULAR BUSINESS EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID)

A. Have you employed or do you expect to employ at least one worker in two or more different calendar weeks during a calendar year? YES NO
 If Yes, give earliest month and year this occurred (will occur): MONTH _____ YEAR _____
 B. Have you had or do you expect to have a quarterly payroll of \$1,000 or more? YES NO
 If Yes, give earliest quarter and year this occurred (will occur): QUARTER _____ YEAR _____

8. HOUSEHOLD EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID)

A. Have you had or do you expect to have a \$1,000 quarterly payroll for domestic services? YES NO
 If Yes, give earliest quarter and year this occurred (will occur): QUARTER _____ YEAR _____

9. AGRICULTURAL EMPLOYMENT (SEPARATE REPORTS MUST BE FILED FOR EACH CALENDAR QUARTER IN WHICH WAGES WERE PAID)

A. Have you employed or do you expect to employ at least ten or more workers in some part of a day in twenty different weeks during a calendar year? YES NO
 If Yes, give earliest month and year this occurred (will occur): MONTH _____ YEAR _____
 B. Have you had or do you expect to have a quarterly payroll of \$20,000 or more? YES NO
 If Yes, give earliest quarter and year this occurred (will occur): QUARTER _____ YEAR _____

If you answer Yes to any one of the questions 6D, 7, 8, 9, or 10F, you are liable for unemployment insurance premiums based on the first \$7,000 paid each employee per year.
 Have you previously had an account with this department? YES NO Account Number: _____

Signature: _____ Title: Household Employer Date: _____
 Must be owner, partner, authorized limited liability company member or manager, or officer of the corporation.
 PLEASE COMPLETE PAGE 2. FAILURE TO DO SO WILL RESULT IN RECEIVING THE HIGHEST PREMIUM RATE ASSIGNABLE.
 LB-0441 (04/04) PDNA

NEED HELP? CALL TOLL FREE AT 1-888-419-7753

CHOICES NEW EMPLOYER PACKET

1-888-419-7753



