Dear Employee:

You are receiving this Employment Packet because you intend to provide services as a Respite-In Home employee to a child participating in the Massachusetts Department of Developmental Services (DDS) DESE Program. The parent/caregiver for the child that you provide services for will serve as your Employer and Supervisor, while PPL is responsible for all tax and payroll processing services. The enclosed paperwork must be completed and returned to PPL immediately. As a newly hired employee you must pass a criminal background check (CORI) before you can begin work.

Certain forms are required for each child you work for. These requirements are identified on the enclosed Employee Packet Checklist. **PPL cannot pay for any services provided until a properly completed Employee Packet is received.**

If you need a new form, you can call PPL or print a copy from PPL’s Web site. To print from the Web site, go to: www.publicpartnerships.com, click on “Program Login” in the upper-right corner, select “Massachusetts” from the drop-down menu, click on the “DESE” link.

PPL will issue paychecks to you based on properly submitted timesheets. These paychecks will reflect tax withholdings based upon federal and state law and the information you provide to us on the tax documents within this packet. The Employee Packet provides instructions on how to properly complete and submit a timesheet. PPL provides the option of a convenient online method using the PPL Web Portal for timesheet submission.

If you have any questions regarding this process, please feel free to contact PPL Customer Service at 1-888-623-5688. We are more than happy to assist you!

Please **fax** all required forms to our Administrative Fax line: **1-866-457-7276** or

Please **mail** all required forms to:

**Public Partnerships, LLC**
Attn. MA DESE
One Cabot Rd, STE 102
Medford, MA 02155
Employee Packet Forms Checklist

Forms Required for Each Child Served

- **Employee Information and Attestation Form:** This form is the standard application for employment for a potential employee under the DESE program. It provides PPL with all necessary demographic information. It also includes the Employment Agreement Form, which identifies the terms of employment. By signing this form, you are agreeing to all language in the Employment Agreement, and Guidelines for Tax Exemptions forms and certify that all information provided is accurate. ___ page 3

- **CORI Request Form:** Criminal Background Check Request Form. You must pass a criminal background check before you begin working with a consumer in the program. ___ page 10

- **USCIS Form I-9:** Department of Homeland Security - Employment Eligibility Verification. This form is used to confirm your immigration and US citizenship information. The form contains instructions developed by the USCIS. Your employer must certify and sign Section 2 of the I-9 Form in order to hire you as his/her employee. Copies of the documents used for verification must be verified by your employer but do not need to be submitted to PPL. Documents that verify your identity are your Driver’s License, Passport, Birth Certificate, along with many others. ___ page 12

- **IRS Form W-4:** Employee’s Withholding Allowance Certificate. This form is used to calculate your federal tax withholding. The form contains instructions developed by the IRS. ___ page 21

- **Form M-4 (optional):** Massachusetts Employee’s Withholding Exemption Certificate. This form is used to calculate your state tax withholding and is optional if you claim the same number of exemptions for Massachusetts and US Income taxes. ___ page 23

Informational Forms

- Guide to Tax Exemptions Based on Age, Student Status, and Family Relationship: Employees providing domestic services may be exempt from paying certain federal and state taxes based on the employee’s age, student status or family relationship to the employer. Please review and keep this form for your records. ___ page 24

- Timesheet Instructions and Copy of a Timesheet ___ page 26

- **Payroll Schedule:** Follow this schedule to complete timesheets and submit them to PPL biweekly. Properly completed and approved timesheets must be received by the payroll deadline in order for you to be paid according to the payroll schedule. ___ page 29

- **EFT Instructions:** This document provides instructions for setting up Direct Deposit with PPL. Direct Deposit is highly recommended because it is the most dependable and quickest way to receive pay checks. ___ page 30
**Employee Employment Information & Attestation Form**

In order to process your service payments Public Partnerships, LLC (PPL) needs to collect all of the information below. Please complete, sign and date this four (4) page *Employment Information & Attestation Form* in its entirety and submit it to PPL.

<table>
<thead>
<tr>
<th>Consumer First Name:</th>
<th>Consumer Last Name:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employee First Name:</th>
<th>M.I.</th>
<th>Employee Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employee Maiden/Alias Name(s)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Contact Information**

<table>
<thead>
<tr>
<th>Physical Address</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Physical Address 2 (apt, number etc…)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State and Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address <em>(leave blank if same as physical address)</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Mailing Address 2 (apt, number etc…) <em>(leave blank if same as physical address)</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>City <em>(leave blank if same as physical address)</em></th>
<th>State and Zip Code <em>(leave blank if same as physical address)</em></th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>County <em>(leave blank if same as physical address)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Service</td>
</tr>
<tr>
<td>----------------------------------------------</td>
</tr>
<tr>
<td>Senior Behavioral Therapist – PhD</td>
</tr>
<tr>
<td>Senior Behavioral Therapist – MA</td>
</tr>
<tr>
<td>In-Home Behavioral Therapist</td>
</tr>
<tr>
<td>Speech Therapy</td>
</tr>
<tr>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Occupational Therapy</td>
</tr>
<tr>
<td>Skills Trainer</td>
</tr>
</tbody>
</table>
Account Detail Information
(This information is necessary to process your payment via direct deposit or paper check. Only complete one)

<table>
<thead>
<tr>
<th>I still want to receive a paper check, please send paper remittance advice.</th>
</tr>
</thead>
</table>

For Direct Deposit Setup:
*Please include a copy of a blank check or a letter from your bank confirming the bank routing and bank account number.*

<table>
<thead>
<tr>
<th>Financial Institution Name (only for Direct Deposit)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Account Type (please check one-only for Direct Deposit)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Checking</th>
<th>Savings</th>
<th>Debit</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>I still want to receive a paper remittance of my direct deposit instead of viewing my remittance online. To &quot;Go Green&quot; leave this check-box blank.</th>
</tr>
</thead>
</table>
### Relationship Status

Note – The Employer is the person hiring you, evaluating your work and signing off on your timesheets. The Employer is not the child you are providing services to.

*(This information is necessary so that we can determine if you are eligible for tax withholding exemptions)*

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes/No Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Are you a non-resident alien temporarily in the United States on an F-1, J-1, M-1 or Q-1 visa admitted to the US for the purpose of providing domestic services?</td>
<td>_____ Yes, That description fits my status  ____No, that description does not fit my status</td>
</tr>
<tr>
<td>2. Are you the child of the employer (includes adopted children)?</td>
<td>____ Yes, my employer is my parent (mother or father) _____No, my employer is not my parent</td>
</tr>
<tr>
<td>3. Are you the spouse of the employer?</td>
<td>____ Yes, my employer is my spouse (husband or wife) _____ No, my employer is not my spouse</td>
</tr>
<tr>
<td>4. Are you the parent of the employer (includes adopted children)?</td>
<td>____ Yes, my employer is my child (son or daughter) _____ No, my employer is not my child</td>
</tr>
</tbody>
</table>
| 5. If you answered “Yes” to Question 4, check any of the following that apply. If you answered “No”, proceed to Question 6. | ___ Yes, I also provide care for my grandchild or step-grandchild in my child’s home.  
 ___ Yes, 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 continuous weeks during the calendar quarter in which services are performed.  
 ___ Yes, my child (son or daughter) is widowed and divorced and not remarried, or living with a spouse who has a mental or physical condition which prohibits the spouse from caring for my grandchild for at least four continuous weeks during the calendar quarter in which services are performed. |
| 6. Are you under the age of 18 or do you turn 18 this calendar year?      | _____ Yes, I am under 18 or turning 18 this calendar year. _____ No, I am over 18. |

*If you answered “Yes” to Question 6, answer the following question. If you answered, “No” skip the questions below.*

Is this job of performing household services (respite or nursing) your principal occupation? **Note:** Do not answer “Yes” if you are a student.

___ Yes  ____ No
EMPLYMENT AGREEMENT

The employee is hired and supervised directly by the employer. The employee must comply with the policies outlined below. This document must be signed and a copy maintained by the employer and employee and a copy must be included in the employment packet that is sent to PPL.

The Employee attests that he or she meets the minimum qualifications for employment in the MA DESE Program and hereby agrees to the duties and policies as specified below. Qualifications, duties and policies of the Employee include, but are not limited to, the following:

1. Employee is 18 years of age or older.
2. Employee has received a satisfactory result from the CORI process.
3. Employee has the required skills to perform Employee care services as specified in the DESE individual service plan.
4. Employee possesses a valid Social Security Number and is authorized to work in the United States.
5. Employee can demonstrate the capability to perform health maintenance activities required by the Employer or specified in the child’s DESE individual service plan, or be willing to receive training in performance of the specified health maintenance activities.
6. Employee agrees that Federal Income, Medicare, Social Security and Massachusetts Income Tax (as applicable) shall be withheld from Employee wages per IRS Form W-4 and Massachusetts Form M-4 as completed by the Employee.
7. PPL will verify that the Employee does not appear on the Office of Inspector General’s (OIG) List of Excluded Individuals/Entities (LEIE). In the event the Employee appears on this list, he or she will not be permitted to work or be paid in this program.
8. Employee acknowledges and understands that funds available for payment are authorized by the Commonwealth of Massachusetts, Department of Developmental Services in advance of work performed. Payment to the Employee shall only be made as authorized by the Commonwealth of Massachusetts Department of Developmental Services. Employees shall only perform work within the authorized hour amount as they will not be compensated by the Commonwealth of Massachusetts, Department of Developmental Services for work performed in excess of the authorized amount. Overtime (time in excess of 8 hours per day or 40 hours per week) is not permitted in this program and if the Employer and Employee allow work to occur beyond the approved, authorized hours, the Employer shall accept responsibility for compensating the provider for any services performed in excess of the amount authorized in the Individual Service Plan/Service Authorization.
9. The Employee will not be paid for services not performed or time not worked and will not be paid for services when the consumer is hospitalized.
10. Timesheets must be properly completed and signed by both the Employer and the Employee. Hours recorded on timesheets cannot exceed the authorized number of hours. Timesheets are due to PPL within two business days from the end of the pay period. Timesheets received after two days will be paid within the next payroll cycle. Incorrect timesheets will be returned and no paycheck will be issued. Timesheets must be submitted by the consumer or Employee in accordance with the payroll schedule provided in this packet. Timesheets must be received within 30 days of when the services are provided, timesheets received after 30 days cannot be guaranteed payment.

11. All documents required by the Employment Packet, must be completed by the Employee and submitted to PPL prior to performing work. The Employee must not begin work until informed by PPL that they have been certified to start.

12. All paychecks are mailed directly to the Employee’s home or are sent by direct deposit.

13. Payment of Employee wages are from Federal and State funds. Any false claims, statements, documents or concealment of material facts will be prosecuted under applicable Federal and State laws.

14. Employee agrees to assist the family by providing the services and performing the activities specified in the DESE individual service plan.

15. Employee agrees to provide Employee Services as specified in the DESE individual service plan on a schedule mutually agreed upon between the Employer and the Employee. Occasional variations in the Employee tasks and in the schedule may occur, based on mutual Agreement of the parties.

16. In the event of illness, emergency, or incident preventing Employee from providing scheduled service to the Employer, the Employee agrees to notify the Employer as soon as possible so that the Employer can obtain assistance from someone else.

17. Employee agrees to confidentially maintain all information regarding the Employer and to respect the Employer’s privacy.

18. Employee understands that the Employee is employed by the Employer not by Public Partnerships, LLC or the Commonwealth of Massachusetts.

19. Employer’s property is not to be used for the Employee’s personal use, unless mutually agreed upon by both parties prior to use of property. All private matters discussed during working times shall be kept confidential.

20. Employees are to be punctual and respectful of all family members. All instructions as to care shall be carried out carefully. The Employer's telephone may be used only with permission.

21. Misrepresentation of time, services, individuals and/or other information is not permitted in MA DESE Program’s Fiscal Agent program. If the Employer or Employee sign a timesheet that is determined to misrepresent information, the consumer may lose the option of consumer-direction.

22. The Employee agrees to follow the policies and procedures of the program and to hold harmless, release, and forever discharge DDS and Public Partnerships, LLC (PPL) from
any claims and/or damages that might arise out of any action or omissions by the Employee, Employer of Record, or Consumer.

23. Employer agrees to orient, train, and direct the Employee in providing the Employee services that are described and authorized by the DESE individual service plan or that are requested by the Employer.

24. Employer agrees to establish a mutually agreeable schedule for the Employee’s services, either orally or in writing.

25. Employer agrees to provide adequate notice of changes in the Employee’s work schedule in the event of unforeseen circumstances or emergencies, but such notice cannot be guaranteed.

26. In consideration of Employee’s satisfactory job performance, the Employer agrees to authorize completed Employee timesheets on a regular and timely basis according to the predetermined Payroll Schedule. Net wages will include gross earnings calculated according to the Employee’s pay rate minus payroll deductions for Employee’s share of applicable state and federal payroll withholdings.

27. Misrepresentation of time, services, individuals and/or other information is not permitted in the Department of Developmental Services DESE Fiscal Agent program. If the Employer or Employee signs a timesheet that is determined to misrepresent information, the consumer may lose the program services.

28. The Employer agrees to follow the policies and procedures of the program and to hold harmless, release, and forever discharge DDS and Public Partnerships, LLC (PPL) from any claims and/or damages that might arise out of any action or omissions by the Employee, Employer of Record, or Consumer.

29. The Employer is responsible for proper execution of USCIS Form I-9, as defined in Instructions for Employment Eligibility Verification, Department of Homeland Security. The Employer must retain original Form I-9. PPL will only provide Form I-9 in employment packets and retain a forwarded copy in PPL maintained employee files.
Public Partnerships, LLC has been certified by the Criminal History Systems Board for access to conviction and pending criminal case data. As an applicant/employee for ______________, I understand that a criminal record check will be conducted for conviction and pending criminal case information only and that it will not necessarily disqualify me. The information below is correct to the best of my knowledge.

________________________________________
Applicant/Employee Signature

APPLICANT/EMPLOYEE INFORMATION (PLEASE PRINT)

LAST NAME ____________________ FIRST NAME ____________________ MIDDLE NAME ____________________

MAIDEN NAME OR ALIAS (IF APPLICABLE) ____________________ PLACE OF BIRTH ____________________

DATE OF BIRTH _______-
SOCIAL SECURITY NUMBER ____________________ (last 6 digits required)

*ID Theft Index PIN ____________________ (if applicable)

MOTHER'S MAIDEN NAME ____________________

CURRENT AND FORMER ADDRESSES:
________________________________________

SEX: ______ ____________ HEIGHT: _____ ft. _____ in. WEIGHT: ____________ EYE COLOR: ____________

STATE DRIVER'S LICENSE NUMBER: ____________________ (include state of issue)

***THE INFORMATION WAS VERIFIED WITH THE FOLLOWING FORM OF GOVERNMENT ISSUED PHOTOGRAPHIC IDENTIFICATION: ____________________

REQUESTED BY: ____________________

SIGNATURE OF CORI AUTHORIZED EMPLOYEE ____________________

*The CHSB Identify Theft Index PIN Number is to be completed by those applicants that have been issued an Identity Theft Index PIN Number by the CHSB. Certified agencies are required to provide all applicants the opportunity to include this information to ensure the accuracy of the CORI request process.

All CORI request forms that include this field are required to be submitted to:
CHSB via mail or by fax: 617-660-4614
and
PPL by fax: 1-866-457-7276
Attestation

By signing below, I and my Employer attest that we have read and understand all program rules and responsibilities. I understand I must sign and return this form as a condition of employment in this program, and that I cannot begin working until this form is completed and returned to Public Partnerships. I further attest by signing below, that I understand what is being requested of me, and I agree to abide by these terms and conditions. I further understand and agree that violation of any of the terms and/or conditions may result in termination of this agreement and payment for employment to any Recipient of this program.

By signing below, I authorize PPL to process payments owed to me for services authorized by a MA DESE Program. Per my request, PPL or directly into my bank account using Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made. I certify I have read and agree to comply with PPL rules governing payments and electronic transfers. I authorize PPL to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize PPL to withhold any payment owed to me by PPL until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PPL.

Employer Signature ____________________________________________ Date ______

Employer Name (Please Print) ____________________________________________ Date ______

Employee Signature ____________________________________________ Date ______

Employee Name (Please Print) ____________________________________________ Date ______
START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

### 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.)*

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Address (Street Number and Name)</td>
<td>Apt. Number</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>Date of Birth (mm/dd/yyyy)</td>
<td>U.S. Social Security Number</td>
<td>Employee's E-mail Address</td>
<td>Employee's Telephone Number</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States *(See instructions)*
- [ ] 3. A lawful permanent resident *(Alien Registration Number/USCIS Number):* 
  
  Some aliens may write "N/A" in the expiration date field. *(See instructions)*

- [ ] 4. An alien authorized to work until *(expiration date, if applicable, mm/dd/yyyy):*

  Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: *An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.*

  1. Alien Registration Number/USCIS Number: 
  
     OR
  
  2. Form I-94 Admission Number: 
  
     OR
  
  3. Foreign Passport Number: 
  
     Country of Issuance: 

Signature of Employee

Today's Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

- [ ] I did not use a preparer or translator.
- [ ] A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

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.

<table>
<thead>
<tr>
<th>Signature of Preparer or Translator</th>
<th>Today's Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
<tr>
<td>Address (Street Number and Name)</td>
<td>City or Town</td>
</tr>
</tbody>
</table>
### Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the “Lists of Acceptable Documents.”)

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Document Number</td>
<td>Document Title</td>
</tr>
<tr>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
</tbody>
</table>

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee’s first day of employment (mm/dd/yyyy): ____________________________

### Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

<table>
<thead>
<tr>
<th>A. New Name (if applicable)</th>
<th>B. Date of Rehire (if applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Number</td>
</tr>
</tbody>
</table>

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative | Today’s Date (mm/dd/yyyy) | Name of Employer or Authorized Representative
# LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1.</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2.</td>
<td>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</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
<td>3.</td>
<td>School ID card with a photograph</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
<td>4.</td>
<td>Voter's registration card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a.</td>
<td>Foreign passport; and</td>
<td></td>
<td>6.</td>
<td>Military dependent's ID card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b.</td>
<td>Form I-94 or Form I-94A that has the following:</td>
<td></td>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(1)</td>
<td>The same name as the passport; and</td>
<td></td>
<td>8.</td>
<td>Native American tribal document</td>
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<td>(2)</td>
<td>An endorsement of the alien's nonimmigrant status 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.</td>
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<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
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<td>6.</td>
<td>Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
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<td>10.</td>
<td>School record or report card</td>
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<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
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<td>12.</td>
<td>Day-care or nursery school record</td>
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</table>

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

Refer to the instructions for more information about acceptable receipts.
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.

Step 1: Enter Personal Information

(a) First name and middle initial

(b) Last name

Social security number

Address

City or town, state, and ZIP code

(c) Single or Married filing separately

☑ Married filing jointly (or Qualifying widow(er))

☐ 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)

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, when to use the online estimator, and privacy.

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 most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents

If your 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 and enter the total here ★ $ _________

3 $ 4(a) $ 4(b) $ 4(c) $

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

(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

(c) Extra withholding. Enter any additional tax you want withheld each pay period

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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form W-4 (2020)
General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:
1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependants. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

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.

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” row. 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.

   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.

   c Add the amounts from lines 2a and 2b and enter the result on line 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.

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).

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

1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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.

2 Enter:
   • $24,800 if you’re married filing jointly or qualifying widow(er)
   • $18,650 if you’re head of household
   • $12,400 if you’re single or married filing separately

3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter “-0-”.

4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information.

5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

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(h)(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 possessions 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.
### Married Filing Jointly or Qualifying Widow(er)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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<tr>
<td>$0 - 9,999</td>
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### Single or Married Filing Separately

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<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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### Head of Household

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<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
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# MASSACHUSETTS EMPLOYEE’S WITHHOLDING EXEMPTION CERTIFICATE

**Employee:**
File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**
Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

## HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure “1.” If you are age 65 or over or will be before next year, write “2”  
2. If married and if exemption for spouse is allowed, write the figure “4.” If your spouse is age 65 or over or will be before next year and if otherwise qualified, write “5.” See Instruction C.  
3. Write the number of your qualified dependents. See Instruction D.  
4. Add the number of exemptions which you have claimed above and write the total.  
5. Additional withholding per pay period under agreement with employer $_______________

   A. Check if you will file as head of household on your tax return.
   B. Check if you are blind.  
   C. Check if spouse is blind and not subject to withholding.  
   D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed $8,000.

**EMPLOYER: DO NOT withhold if Box D is checked.**

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date. Signed

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**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son’s income indicates that you will not provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write “4” in line 2. Entering “4” makes a withholding system adjustment for the $4,400 exemption for a spouse.

**D. Dependent(s).** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add “1” to your dependents total for line 3. You are not allowed to claim “federal withholding deductions and adjustments” under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.
DIFFICULTY OF CARE FEDERAL INCOME EXCLUSION

Provider Information

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<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>PPL ID:</th>
</tr>
</thead>
</table>

Participant Information

<table>
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<tr>
<th>First Name:</th>
<th>Last Name:</th>
<th>PPL ID:</th>
</tr>
</thead>
</table>

Employer Information (complete this section even if the employer is the same as the participant)

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<tr>
<th>First Name:</th>
<th>Last Name:</th>
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</table>

Some Employees may owe no taxes on their Self-Directed Services earnings. This is because they qualify for the Difficulty of Care Federal Income Exclusion. In that case, Public Partnerships will not report the payments as income and will not withhold applicable taxes. As a reminder, Public Partnerships LLC is not your Employer.

To determine if you qualify, read the following items below

For more information regarding the Difficulty of Care Federal Income Exclusion visit: [http://www.publicpartnerships.com](http://www.publicpartnerships.com)

**Part 1: Applying for Difficulty of Care Federal Income Exclusion**

Select all that apply:

- [ ] I provide services to the Participant in my home.
- [ ] I do not have a separate home where I reside.
- [ ] This is the home where I reside and regularly perform the routines of private life, including shared meals and holidays with family.

**IMPORTANT:**

- If all the above apply, you are eligible for the Difficulty of Care Federal Income Exclusion.
- If both the state taxing authority and program rules follow federal guidelines for the difficulty of care exclusion, the exclusion would also be applicable at the state level.
- You understand that if you no longer reside with the participant, you will no longer qualify and must terminate the Difficulty of Care Federal Income Exclusion by completing Part 2 below.

If none of the above apply, select the option below.

- [ ] None of the above.

**Part 2: Terminating Difficulty of Care Federal Income Exclusion**

Select if applies:

- [ ] I no longer reside with the participant that I provide services to.

**Authorization and Signature**

Under penalty of perjury, I declare that I am the Provider, of the Participant/Employer, receiving payments under a state Medicaid, Home and Community-Based Services program, and that the information and responses provided on this form are accurate and complete.

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<tr>
<th>Provider Signature:</th>
<th>Date:</th>
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Employees providing domestic services such as personal assistance may be exempt from paying certain federal and state taxes based on the employee’s age, student status or family relationship to the employer. In some cases, the employer may also be exempt from paying certain taxes based on the employee’s status. IMPORTANT: Please see IRS Publication: #926 – Household Employer’s Tax Guide, and IRS website article: “Foreign Student Liability for Social Security and Medicare Taxes” for additional information.

IMPORTANT:
- These exemptions are not optional. If the employee and employer qualify for these tax exemptions they must be taken.
- If the employee’s earnings are exempt from these taxes, the employee may not qualify for the related benefits, such as retirement benefits and unemployment compensation.
- The questions regarding family relationship refer to the relationship between the employee and the employer of record (common law employer). In some cases, the program participant is the employer of record. In other cases, the employer of record may be someone other than the program participant. Check program rules.
- Program rules may prohibit some types of employees. For example, most Medicaid-funded programs do not permit a spouse to be paid as an employee for providing services to a spouse. Check program rules.
- PCG Public Partnerships will determine the tax exemptions that apply to the employee and employer based on the information provided by the employee. PCG Public Partnerships cannot provide tax advice.

Tax Exemptions for Non-Resident Students

For a non-resident student in the United States on an F-1, J-1, M-1, or Q-1 visa admitted to the US for the purpose of providing domestic services, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state.

Tax Exemptions for Children Employed by Parent

For a child under 21 employed by his or her parent, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee until the child (employee) turns 21 years of age. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state.

Tax Exemptions for Spouses Employed Spouses

For a spouse (husband, wife, or domestic partner in some states) employed by his or her spouse, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state.
Tax Exemptions for Parents Employed by Children

For a parent employed by his or her child and answering “No” to any of the additional questions under Question #6 regarding caring for a grandchild or step grandchild, the employer and employee are exempt from paying FICA (Social Security and Medicare taxes) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state.

For a parent employed by his or her child and answering “Yes” to all of the additional questions regarding caring for a grandchild or step grandchild, the employer is exempt from paying Federal Unemployment Tax (FUTA) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance, depending on the rules in the state.

Tax Exemptions for Employee under Age 18

For employees under the age of 18 or turning 18 in the calendar year: If the employee is a student, domestic services are deemed not to be the employee’s principle occupation and the employer and employee are exempt from paying FICA (Social Security and Medicare taxes).

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</thead>
<tbody>
<tr>
<td>Foreign Student on VISA in US for Purpose of Providing Domestic Service</td>
<td>FICA exempt</td>
<td>FUTA exempt</td>
<td>See footnote (1)</td>
</tr>
<tr>
<td>Child Employed by Parent</td>
<td>FICA exempt only until 21st birthday</td>
<td>FUTA exempt only until 21st birthday</td>
<td>See footnote (2)</td>
</tr>
<tr>
<td>Spouse Employed by Spouse</td>
<td>FICA exempt</td>
<td>FUTA exempt</td>
<td>SUI exempt (3)</td>
</tr>
<tr>
<td>Parent Employed by Child</td>
<td>FICA exempt only if not also caring for dependent child of the employer (employee’s grandchild)</td>
<td>FUTA exempt</td>
<td>SUI exempt except in NY and WA. See footnote (4)</td>
</tr>
<tr>
<td>Employee Under 18 or Turning Age 18 in Calendar Year</td>
<td>FICA exempt through year of 18th birthday only if enrolled as a full-time student</td>
<td>Not Applicable</td>
<td>Not Applicable</td>
</tr>
</tbody>
</table>

(1) Foreign student in the United States on F-1/J-1 VISA is exempt from SUI in the following states: PA, WA.

(2) Child under 18 employed by parent is SUI exempt in the following states: CA, IL, MA, ME, NJ, NV, OH, OR, PA, SC, TN, WA, WV. Child under 21 employed by parent is SUI exempt in the following states: AZ, GA, IN, KS, NY, OK, VA, WY, and District of Columbia.

(3) For California only, a registered domestic partner employed by his/her registered domestic partner is SUI exempt.

(4) Parent employed by child is SUI exempt in all states and the District of Columbia with the exception of NY and WA.
Timesheet Instructions for MA DESE Providers

Need Help? Call Customer Service Toll Free at 1-888-623-5688

DDS has contracted with PPL to provide Financial Management to improve services to you. Please do your part to correctly complete timesheets so that payment is not delayed. Call PPL for help if you need it.

Keep these important instructions. Timesheets are paid on a bi-weekly check run. See the attached check run schedule. Timesheets are due by Monday at noon after the close of the pay period. Any timesheets received after the deadline will be processed in an off cycle check run the following Friday.

Completed timesheets should be faxed toll free to 1-866-743-2680 Timesheets can also be mailed to the following address: Public Partnerships, LLC, DESE/DDS Program, One Cabot Rd, STE 102, Medford, MA 02155. Faxing timesheets may speed the payment process for you. If possible, please fax your timesheets to PPL. For additional copies go to http://www.publicpartnerships.com.

### Important Do's and Don’ts

<table>
<thead>
<tr>
<th>MUST DO</th>
<th>MUST NOT DO</th>
</tr>
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<tbody>
<tr>
<td>Use black ink</td>
<td>Don't use pencil or colored ink</td>
</tr>
<tr>
<td>Stay inside the lines</td>
<td>Don't use military time</td>
</tr>
<tr>
<td>Write numbers and letters clearly. A machine will read your timesheet. Take the time to write clearly, or ask someone else to write for you.</td>
<td>Do not round time. PPL will do this.</td>
</tr>
<tr>
<td>Complete one timesheet per consumer. Use a new timesheet for each consumer you serve.</td>
<td>Don't use any other timesheet. PPL cannot pay attendants if a different timesheet is submitted.</td>
</tr>
<tr>
<td>Use a separate timesheet for each service type.</td>
<td>Don't use one timesheet for two consumers or more than one service type.</td>
</tr>
<tr>
<td>Consumers (or designated signatory) and Attendants must sign and date the timesheet</td>
<td>Try not to touch the edges of the box when writing numbers and letters.</td>
</tr>
<tr>
<td>Fill in ALL required boxes, including Consumer and Provider Name, ID and Service Type.</td>
<td>Don't cross out information if you make a mistake. Start a new timesheet.</td>
</tr>
<tr>
<td>Use 2 lines when a provider starts and stops work 2 times in the same day</td>
<td>Don't write notes on the timesheet. This will cause our scanners to reject the timesheet and may delay payment.</td>
</tr>
<tr>
<td>Use A.M. and P.M. correctly. We show you how on the following page.</td>
<td>Don't forget to fill in all information such as Attendant and Consumer Name, ID, Service Type. Timesheets must be signed and dated by both the consumer and the attendant.</td>
</tr>
</tbody>
</table>
Recording Header Information:

1. **Complete all header information for the Provider and the Consumer.**
   Include name and ID of the Provider and Consumer. The Provider ID is the ID provided to your employee by PPL. Please contact DDS for your consumer ID. Contact PPL Customer Service if you have any questions regarding these identification numbers.

2. **Use the correct pay period for your region (attached). Write the date in MM/DD/YYYY format.**
   Make sure you write the start and end date for your pay period.

   - **Week 1** Begin Sunday (Mon/Ad/yyyy)  
   - **Week 2** End: Saturday (Mon/Ad/yyyy)

3. **Record the time of day correctly using A.M. and P.M.**
   A.M. means morning. Morning starts at midnight, and ends at 11:59:59, or 11 o’clock, fifty-nine minutes and 59 seconds, or one second before noon.

   P.M. Afternoon and evening (or night time) is captured by the initials P.M. Afternoon starts at noon, or 12:00, and ends at 11:59:59, or 11 o’clock, 59 minutes and 59 seconds, or one second before midnight. The date changes at midnight.

4. **Indicate the correct service type**
   Confirm only ONE service type has been bubbled in completely. Each service type has a specific tax implication which is why it is important to fill each timesheet out based on service type provided.

5. **Be sure to sign and date the timesheet.**
   By signing below, I certify that I have provided the services to the recipient during the time described on this timesheet. Consumer or Responsible Party Signature:
**PUBLIC PARTNERSHIPS, LLC Provider TIMESHEET (Financial Management Services for MA DESE/DDS Program)**

**PPL Provider ID:** E  
**Consumer's ID Number:** C

Fax: PPL @ 1-866-743-2680  
Mail: PUBLIC PARTNERSHIPS LLC, One Cabot Rd, STE 102, Medford, MA 02155

---

**Provider's Name:**  
**Consumer's Name:**

---

**Service Type (fill one):**  
- Family Service Navigation  
- Senior Behavioral Therapist- PhD  
- Senior Behavioral Therapist- MA  
- In-Home Behavioral Therapist  
- Speech Therapy  
- Physical Therapy  
- Occupational Therapy  
- Skills Trainer  
- Respite- Respite In Home

---

**Begin:** Sunday (mm/dd/yyyy)  
**End:** Saturday (mm/dd/yyyy)

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<table>
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<tr>
<th>Week 1</th>
<th>Time IN</th>
<th>AM/PM</th>
<th>Time OUT</th>
<th>AM/PM</th>
<th>Total Hours</th>
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<tr>
<td>Sun</td>
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<tr>
<th>Week 2</th>
<th>Time IN</th>
<th>AM/PM</th>
<th>Time OUT</th>
<th>AM/PM</th>
<th>Total Hours</th>
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<tbody>
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</table>

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*By signing below, I certify that I have provided the services to the consumer during the times described on this time sheet.*  
**Provider Signature:**  
**Date:**

---

*I certify that the consumer has received hours of service as reported above.*  
**Parent or Responsible Party Signature:**  
**Date:**

---

*USE BLACK INK, PRINT ONE CHARACTER PER BOX, FILL CIRCLES COMPLETELY, DO NOT WRITE ON THE LINES!!!
Direct Deposit, also known as Electronic Funds Transmission (EFT), is the fastest and safest way to receive your paycheck from PPL on behalf of your employer. Your payment can be deposited directly into your checking account, savings account, or to a pay card of your choice. To sign up, review the steps below and complete the Direct Deposit application.

1. Meet Direct Deposit Requirements
   - Complete the Direct Deposit Application.
   - Agree to immediately notify PPL in writing if you change your bank, account number, account type, ABA routing number, or contact information. You may need to submit a new Direct Deposit Application form. Failure to comply with this may result in delay of payment.

2. Go Green – Paperless Remittance Advice
   In an effort to reduce our carbon footprint, Public Partnerships, LLC has undertaken a ‘Go Green Initiative’. A major aspect of this initiative is concentrating our efforts on reducing paper usage. With this in mind, effective February 28th, 2014, MA DESE providers currently receiving direct deposit payments will no longer be issued a paper remittance advice as proof of payment via the US Postal Service. Instead, PPL has made the process of receiving remittance advice more convenient and eco-friendly by making all remittance advices available at any time through the PPL Web Portal. This advice may be accessed at any time and is also easily printable if needed.

   If you are not familiar with the PPL Web Portal, follow these steps to learn how to register for an username and password as well as how to log in:
   1. Visit www.publicpartnerships.com
   2. Select the MA DESE program
   3. Enter: username: madese / password: pcgdese19
   4. View the instructions for registering for the Web Portal under the “Web Portal User Guides” section
   5. These instructions will help you create your unique username and password and will also help you learn how to log in to the PPL Web Portal

**How do I view my remittance advice via the PPL Web Portal?**

2. Log in with your unique username and password
3. Under the “timesheets” tab, select “all timesheets” with a status of “paid”
4. Click on “search”
5. All paid timesheets will appear. To the right of the paid timesheet, the “check number” column displays your remittance advice number. Click on the remittance advice number.
6. A popup screen will appear to ask whether you want to open or save your remittance advice.
    a. If you want to view it but do not wish to save it to your computer right now, click “open.”
    b. If you would like to save the remittance advice to your local computer for your records, click “save.”

**Please Note: If you still wish to receive your paper remittance advice, you may do so by simply calling PPL's customer service line at (888) 623-5688 and making this request.**
3. Submit Direct Deposit Application to PPL
Once you have completed the Direct Deposit application, you must gather and submit account verification documents to PPL. This differs depending on where you want your funds to go:

- **Checking account**: Submit a voided check or a letter from your bank that states the checking account number where your funds should be deposited.

- **Savings account**: Submit a letter from your bank that states your savings account number where your funds should be deposited.

- **Pay card/debit card**: Submit documentation from the pay card’s enrollment process or the pay card’s financial entity that verifies the account and the routing numbers.

**NOTE**: *If you choose this option, please note that PPL does not support any particular pay card/debit card financial institution and is not responsible for any fees established by the financial institution. PPL recommends you review all pertaining to your pay card prior to enrolling and activating it.*

4. Await confirmation from PPL
Your Direct Deposit account will become active after PPL verifies your account number with your bank or pay card. The whole process will take 1 to 2 pay cycles from the time we receive your completed and signed application.

If there is a change in bank account information, your PPL payment account will be taken off Direct Deposit status until the new bank account information is verified. Verification may take a few weeks. You will receive paper checks in the interim period.

The Direct Deposit payment is sent on the check date (see Payroll Schedule) and should be in your bank account 24-48 hours afterwards. Please note that bank holidays may delay posting. After considering bank holidays, contact PPL if you don’t receive your payment on time.

**That’s it!** Once your Direct Deposit becomes active, you will be able to view a summary of your gross wages, tax withholding, etc. on the Remittance Advice that will be available to you on the Web Portal.

**Thank you for signing up**
– we hope you enjoy having faster access to your payments!
### Section 1

**DIRECT DEPOSIT APPLICATION**

**CREATE/CHANGE PPL Direct Deposit Account or CLOSE Existing PPL Direct Deposit Account**

Check the appropriate box below based on your request.

- [ ] New Direct Deposit Set-up
- [ ] Change Account Number
- [ ] Cancellation Request
- [ ] New Pay Card/Debit Card Set-up
- [ ] Change Account Type
- [ ] Change Financial Institution

Check here only if you would like to receive paper remittance instead of viewing your remittance online. To “Go Green” with PPL leave this check-box blank.

### Section 2

**PAYEE INFORMATION**

Disclosure of your Social Security Number (SSN) is voluntary pursuant to 42 USC 405c2C. PPC will use to file required information returns to IRS.

1. Social Security Number (SSN)

2. Payee Name

3. Phone

4. Payee Address

5. City

6. State

7. Zip

### Section 3

**AUTHORIZATION FOR SET-UP, CHANGE OR CANCELLATION**

I authorize Public Partnerships, LLC (PPL) to process payments owed to me for services authorized by the MA DESE Program. Per my request, PPL will deposit my payment directly to my bank or pay card account indicated below using an Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made.

I authorize PPL to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize PPL to withhold any payment owed to me by PPL until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PPL. The change or revocation is effective on the day PPL processes the request.

I certify that I have read and agree to comply with PPL rules governing payments and electronic transfers as they exist on the day of my signature on this form or as subsequently adopted, amended, or repealed.

I authorize PPL to stop making electronic transfers to my account without advance notice.

If I choose to have my payments deposited to a pay card or debit card, I accept all responsibility for all terms, conditions and/or fees that may be applicable to my chosen pay card/debit card.

I certify that I am authorized to contract for the entity receiving deposits per this agreement, and that all information provided is accurate.

8. Signature (Required)

9. Title

10. Date

### Section 4

**ACCOUNT DETAIL INFORMATION**

11. Financial Institution Name (My Bank or my Pay Card Bank’s Name)

12. Bank Address

13. Bank Routing Number

14. Account Type:

- [ ] Checking
- [ ] Savings
- [ ] Pay Card/Debit Card

15. My Account Number

16. Bank City

17. Bank State

18. Bank Zip

Send with VOIODED CHECK or ACCOUNT VERIFICATION to:
Public Partnerships, LLC, MA DESE; One Cabot Rd, STE 102, Medford, MA 02155