

**South Carolina
Financial Management Services
Employer Tax Form Packet
Review, Sign, and Submit to PPL**



**Public Partnerships, LLC – SC FMS
1 Cabot Road; Suite 102
Medford, MA 02155**

*Please confirm or complete all information below.
If any information is incorrect, please contact PPL.*

Participant Name:

Participant CLTC ID:

Employer of Record Information

Employer of Record Formal First Name & Last Name and Suffix (Jr, Sr.) if applicable	
Address Line 1	
Address Line 2	
City	
State, Zip Code	
E-Mail Address	
Phone Number	
Employer of Record Social Security Number	
Relation to Participant	
Case Manager's Name	