

South Carolina
Financial Management Services

Employee Tax Form Packet
Review, Sign, and Submit to PPL



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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 Name:

Employee Information

Employee Formal Information First Name & Last Name and Suffix (Jr, Sr.) if applicable	
Address Line 1	
Address Line 2	
City	
State, Zip Code	
Phone Number	
Employee Social Security Number	
Employee Date of Birth	
Relation to Participant	
Relation to Employer	

Please answer the following questions:

Does the employee live in the home of the employer? YES NO

Does the employee live in the home of the person receiving the care? YES NO