



TAX EXEMPTIONS

Provider Name

First: Last: PPL ID:

Participant Name

First: Last: PPL ID:

The statements below are used to determine the tax exemptions that may apply to you and the Employer, based on IRS regulations and applicable Federal/State tax laws. As a reminder, Public Partnerships LLC is not your employer.

Please complete Part 1 and Part 2.

Part 1 (you must select one of the following statements)

- I am the spouse of the Employer.
- I am the parent of the Employer (including legally adopted children).
- Select all that apply:**
- I also provide care for my grandchild or step-grandchild in my child's home.
- 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 weeks in a row during the calendar quarter in which services are performed.
- My child (son or daughter) is widowed, divorced, not remarried or living with a spouse who has a mental or physical condition so the spouse cannot care for my grandchild for at least four weeks in a row during the calendar quarter in which services are performed.
- I am the child of the Employer (including legally adopted children).
- I am not the spouse, parent, or child of the Employer.

Part 2 (select all that apply)

- I am a full-time student.
- This job of performing household services (respite) is my primary job.
- I am 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 providing domestic services.

! IMPORTANT: If your information changes you must report it.

Agree and Sign

I confirm:

- I read all of this form.
- The details provided are accurate and complete.
- Any false statement on this form may result in my dismissal.
- This document is not a contract between the signing parties, PPL, or the State.
- Employment depends upon verifying my right to work in the US.

Provider Signature:

Date: