

TAX EXEMPTIONS

Provider Information		
First Name:	<input type="text"/>	Last Name: <input type="text"/> PPL ID: <input type="text"/>
Participant Information		
First Name:	<input type="text"/>	Last Name: <input type="text"/> PPL ID: <input type="text"/>
Employer Information (complete this section even if the employer is the same as the participant)		
First Name:	<input type="text"/>	Last Name: <input type="text"/>

The information below is 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.

For more information regarding Tax Exemptions visit: <http://www.publicpartnerships.com>

Please complete Part 1 and Part 2.

Part 1 (you must select one of the following statements based on your relationship to the Employer)	
<input type="checkbox"/>	I am the spouse of the employer.
<input type="checkbox"/>	I am the parent of the employer (including legally adopted children).
	Select all that apply:
<input type="checkbox"/>	I also provide care for my grandchild or step-grandchild in my child's home.
<input type="checkbox"/>	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.
<input type="checkbox"/>	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.
<input type="checkbox"/>	I am the child of the employer (including legally adopted children).
<input type="checkbox"/>	I am not the spouse, parent, or child of the employer.
Part 2 (select all that apply)	
<input type="checkbox"/>	I am a full-time student.
<input type="checkbox"/>	This job of performing household services (respite) is my primary occupation.
<input type="checkbox"/>	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.

Authorization and Signature	
<p>By signing below, I, the Provider, confirm that I have read this Tax Exemptions form in its entirety and the information and responses I have provided on this form are accurate and complete. I understand that if employed, any false statement on this application may result in dismissal and other consequences. I further understand that this document is not meant to be a contract of employment or designation, nor does this document obligate the Participant/Employer in any way if the employer decides to employ me. I understand that employment is contingent on furnishing enough documentation to verify my right to work in the US.</p>	
Provider Signature:	Date:
<input type="text"/>	<input type="text"/>