

## Difficulty of Care Federal Income Tax Exclusion Instructions

You may be eligible for a *Difficulty of Care (DOC) Federal Income Tax Exclusion* if you meet the criteria listed in this section. If you are eligible for this exclusion, Federal Income Tax will not be withheld from your Difficulty of Care Payments.


### Applying for a Difficulty of Care Federal Income Tax Exclusion

PA OLTL, through PPL does not decide if you are eligible for this exclusion. Upon receipt of a properly completed form, PA OLTL, through PPL will begin to exclude Federal Income Tax for any payments eligible for the DOC exclusion. A properly completed form includes:

- All three boxes checked in STEP 2

To assist you in determining if you are eligible, please review the information on PPL's website at:

<http://www.publicpartnerships.com>

	
<b>Application for Difficulty of Care Federal Income Tax Exclusion</b>	
<b>Participant Name:</b>	<b>Participant ID:</b>
<b>Direct Care Worker Name:</b>	<b>Direct Care Worker ID:</b>
<b>Section A: Applying for Difficulty of Care Federal Income Exclusion</b>	
<p>Certain payments received by an employee for providing Medicaid services in their home are considered Difficulty of Care payments excludable from federal income tax. To determine if you are eligible for the income exclusion, complete the following steps. If you are eligible, the Office of Long-Term Living (OLTL), through its contractor Public Partnerships will not report the payments as income and will not withhold federal income taxes.</p>	
<p><b>STEP 1:</b> Review information regarding the Difficulty of Care Federal Income Tax Exclusion. Information is available on Public Partnerships' website at: <a href="http://www.publicpartnerships.com">http://www.publicpartnerships.com</a>.</p>	
<p><b>STEP 2:</b> Check all that apply:</p>	
<p><input type="checkbox"/> I provide services to the participant in my home.</p>	
<p><input type="checkbox"/> I do not have a separate home where I reside.</p>	
<p><input type="checkbox"/> This is the home where I reside and regularly perform the routines of private life, including shared meals and holidays with family.</p>	
<p>▪ <u>Only if all the above apply are you are eligible for the Difficulty of Care Federal Income Tax Exclusion.</u></p>	
<p><i>Under penalties of perjury, I declare that I am a DCW receiving payments under a state Medicaid Home and Community-Based Services program. I live in the home with, and I provide services to, the participant listed at the top of this form.</i></p>	
<b>Direct Care Worker Signature:</b> _____	<b>Date:</b> _____