

TAX EXEMPTIONS

Attendant Name

First: Last: PPL ID:

Member Name

First: Last: PPL ID:

Employer Name (this must be completed)

First: Last:

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.

For more information please visit: <http://www.publicpartnerships.com>

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

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

Attendant Signature:

Date: