

Instructions for Difficulty of Care Exclusion

What is the purpose of this form?

You may be eligible for a Difficulty of Care Federal Income Tax Exclusion if you meet the criteria listed on this form. If you are eligible for this exclusion, Federal Income Tax will not be withheld from your Difficulty of Care Payments. Public Partnerships recommends that you seek that advice of a tax professional when determining your eligibility for the exclusion.

How do I complete this form?

Public Partnerships does not make a determination if you are eligible for this exclusion. Upon receipt of a properly completed form, Public Partnerships will begin to exclude Federal Income Tax for any payments eligible for the DOC exclusion. A properly completed form includes:

1. Completion of both the Participant and the Employee's Name and ID #;
2. All three boxes checked in **STEP 2**;
3. The Employee's signature under the declaration in **STEP 3**.

In order to assist you in determining if you are eligible, please review the information on PPL's website at: <http://www.publicpartnerships.com>.

If you are terminating the Difficulty of Care Federal Income Tax Exclusion, fill out Section B of this form. A properly completed termination includes:

1. Completion of both the Participant and Employee's Name and ID#;
2. Signing your name;
3. Entering the date that you were no longer eligible for the exclusion.

The form is titled "Difficulty of Care Exclusion" and "New Jersey PPP Program". It features the PCG Public Partnerships logo. The form is divided into several sections:

- PARTICIPANT & EMPLOYEE INFORMATION:** A table with four fields: Employee Name, Employee ID, Participant Name, and Participant ID.
- SECTION A – Applying for Difficulty of Care Federal Income Exclusion:** Contains introductory text, two steps (STEP 1: Review information; STEP 2: Check all that apply), three checkboxes for home residence, and a declaration under penalties of perjury.
- SECTION B – Terminating Difficulty of Care Federal Income Tax Exclusion:** Contains a declaration under penalties of perjury and fields for Employee Signature and Date that no longer qualify.

At the bottom of the form, it lists "Public Partnerships LLC", "NJ DDS PPP – DOC Exclusion", and "Version 1.00".

PARTICIPANT & EMPLOYEE INFORMATION	
Employee Name:	Employee ID:
Participant Name:	Participant ID:

SECTION A - Applying for Difficulty of Care Federal Income Exclusion	
<p><i>Certain payments received by an employee for providing Medicaid services in his/her 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, Public Partnerships will not report the payments as income and will not withhold federal income taxes.</i></p>	
<p>STEP 1: Review information regarding the Difficulty of Care Federal Income Tax Exclusion. Information is available on Public Partnerships' website at: http://www.publicpartnerships.com.</p>	
<p>STEP 2: 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 of 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 an individual care provider receiving payments under a state Medicaid Home and Community-Based Services program. I live in the home with, and I provide services to, the individual listed at the top of this form.</i></p>	
Employee Signature	Date

SECTION B - Terminating Difficulty of Care Federal Income Tax Exclusion	
<p><i>Under penalties of perjury, I declare that I no longer reside with an individual that I provide services to and who is receiving payments under a state Medicaid Home and Community-Based Services program.</i></p>	
Employee Signature	Date that I no longer qualify