

## Payroll Information Worksheet

As a self-direction worker, your payroll tax withholdings are subject to special tax rules, and your residency may impact your benefits under labor laws. Completing this form accurately will ensure that your taxes and benefits are calculated properly.

REQUIRED INFORMATION	
Worker Name	ID/Last 4SSN
Employer Name	Participant(s) For Whom You Provide Care

Select the following box that applies:

- This form is part of your **first-time enrollment** with Palco.
- You are already enrolled with Palco and need to **change** your information due to the following reason(s) (*select all that apply*):
  - New employer
  - Change in relationship to existing employer
  - Change in residence
  - Reached age 18
  - Other: \_\_\_\_\_

### **Part A: FICA Exemption Determination.**

Depending on your age or relationship to your employer, you may be exempt from FICA (Social Security and Medicare) taxes. If you do not meet an exemption, FICA will be withheld. Should you not meet the annual IRS domestic service wage threshold for the current tax year, your FICA will be refunded to you in January of the following year, and your W-2 will reflect that no FICA was withheld.

Select the appropriate response:

- Non-Exempt**, none of the selections apply.
- Exempt**, I am the spouse of my employer.
- Exempt**, I am the child of my employer and am under 21
- Exempt**, I am under 18 and a student.
- Exempt**, I am the parent of my employer. My employer does not have a minor dependent, who requires personal care due to a mental or physical condition, living in their home, and my employer is not widowed, divorced, or married to an individual who cannot care for the minor dependent due to mental or physical condition of their own.

**Part B: DOL Home Care Exclusion Qualification.**

Per the United States Department of Labor (DOL) your employer is not required to pay you for hours worked beyond 40 per week in some cases.

- Yes**, I live at my employer's residence at least 5 days per week.
- No**, I don't live at my employer's residence at least 5 days per week.

If any of the information in this document changes at any time, please complete a new document and submit to Palco immediately. Failure to notify Palco may result in a tax bill to you. Palco is not responsible for incorrectly calculating or withholding pay due to your failure to complete and submit a new Payroll Information Worksheet. By signing below, you certify that the information in this document is correct and understand that you have the burden to notify Palco immediately of any changes in this information, and you hold Palco harmless for any incorrect information supplied herein.

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**Worker Printed Name**

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**Worker Signature**

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**Date**

***Please return this form to Palco via email: [enrollment@palcofirst.com](mailto:enrollment@palcofirst.com) or via fax to 1.877.859.8757.***