Tax Exemptions Form

CO CDASS
Powered by PPL

This form identifies for Public Partnerships LLC (PPL) whether an attendant's employer is required to withhold and pay taxes on the wages they pay their attendant. If the employer is required to withhold and pay these taxes, PPL will do so on their behalf as their Financial Management Services provider.

Employer Name (first and last): _____

Member Name (first and last): _____ **PPL ID:** _____

Instructions: Attendant, complete Parts 1 and 2 read the form and sign the last page.

Part 1: Of the four statements below, check the box for **the one that is true for you,** the attendant.

1. ☐ I am the spouse of the employer.
2. ☐ I am the parent of the employer (adult child including legally adopted children). Select any of the following statements a. through c. that apply to you:
   a. ☐ My adult child, the employer, is one of the following:
      - Divorced and not remarried,
      - A widow or widower,
      - Married and living with their spouse. Their spouse has a mental or physical condition that makes them unable to care for my grandchild/step-grandchild for at least four weeks in a row during the calendar quarter. During this time, I am working for my child, the employer.

   b. ☐ I provide care for my grandchild/step-grandchild in the home of my child (employer).
   c. ☐ The grandchild/step-grandchild I care for is under 18 or has a physical/mental condition that requires them to receive personal care from an adult at least four weeks in a row during the calendar quarter. During this time, I also work for my adult child.
3. ☐ I am the biological or legally adopted child of the employer, and I am under the age of 21.
4. ☐ I am not the spouse, parent, or child of the employer.

Part 2: Check the box for one of the two statements below, if it applies to you. Check only one box.

☐ I am under 18 years old and I am a full-time student.

☐ I am under 18 years old and this job of performing household services (respite) is my primary job.

Part 3 - Agree and Sign

By signing below, I confirm that I have read this form and that:

- All the information I have given on this form is correct and complete,
- I understand that any false statement on this form may result in my termination,
- I understand my right to work in the U.S. must be confirmed before I am hired, and
- I understand this document is not a contract between me (attendant), PPL, and/or the State.
- If my information changes after submitting this form, I will report those changes to PPL.

Attendant Signature: _____ **Date:** _____

Attendant Printed Name (first and last): _____ **PPL ID:** _____

Employer Signature: _____ **Date:** _____