

Employee Special Tax Exemption Information and Declaration

Employees providing domestic services, like those employees hired directly by participants self-directing their services, may be exempt from paying certain federal and state taxes that are normally paid by employers and employees. These special tax exemptions are based on an employee's relationship with the employer, their age, or their residential status. Fello uses this form to identify if an employee meets the federal and state special tax exemptions criteria.

EMPLOYMENT TAX EXEMPTIONS ARE NOT OPTIONAL. If employees qualify for exemptions, the exemptions must be honored. Please note that if an employee's wages are tax exempt, they may not be eligible for unemployment benefits and their future FICA benefits (Social Security and Medicare) may be affected because of the lack of contribution.

PLEASE ANSWER EACH QUESTION BELOW TO ENSURE ACCURACY IN PAYROLL. The questions below are intended to be asked of an employee of the participant/employer to determine special tax exemption status. If you have questions about a unique employee/employer relationship, please contact Fello to discuss the possibility of applicable FICA/FUTA/SUTA exemptions.

1. TAX EXEMPTIONS FOR A PARENT EMPLOYED BY HIS/HER OWN CHILD/STEP-CHILD

Are you the parent of the participant/employer?

PLEASE MARK THE APPROPRIATE BOX	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

I am an employee in the self-directed program and the employer/participant is my child or step-child.

The employer/participant is not my child or step-child.

Employment Tax Exemption: If the answer is yes, then the employer and employee are both exempt from paying FICA (Social Security and Medicare) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. The employer may also be exempt from paying State Unemployment Insurance Tax, depending on the rules in the state. Currently the state of MD follows the Federal Rules.

**2. TAX EXEMPTIONS FOR A CHILD/STEP-CHILD EMPLOYED BY HIS/HER OWN
PARENT/STEP- PARENT**

Are you the child/stepchild of the employer/participant?

PLEASE MARK THE APPROPRIATE BOX	
YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

I am an employee in the self-directed program and the employer/participant is my parent
AND... I am under the age of 21.

Note: The entire statement must be true to mark 'yes' and be exempt.

Employee's date of birth for confirmation ____/____/____.

My employer is not my parent. OR
My employer is my parent, but I am over 21 years of age.

Employment Tax Exemption: *If the answer is yes and the child employee is under 21 during the entire tax year, then the employer and employee are both exempt from paying *FICA (Social Security and Medicare) and the employer is exempt from paying FUTA (Federal Unemployment Tax) on wages paid to this employee. When the employee reaches age 21, the payments are subject to both FICA and FUTA tax. The employer may also be exempt from paying State Unemployment Insurance Tax, depending on the rules in the state. Currently the state of MD follows the Federal Rules.*

3. TAX EXEMPTIONS FOR A LIVE-IN CAREGIVER

Do you share the same residence (legal address) as the care recipient?

PLEASE MARK THE
APPROPRIATE BOX

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

I am the employee in the self-directed program and I reside in the same legal residence as my employer (it does not matter who owns or rents the home nor if we're related). I do not maintain any other legal residence. The shared residence is a home where I reside full time and regularly perform the routines of private life.

I do not reside full-time in the same legal residence as my employer.

Income Tax Exemption: *If the answer is yes to all qualifying statements, then the employee's income is excluded from federal and state income tax based on the difficulty of care income tax exclusion. Per IRS Notice 2014-7, payments to a care provider for services to a Medicaid Waiver eligible individual sharing a home with the provider are excluded from federal income tax as they are considered difficulty of care payments. See linked resources for more info.*

ATTESTATION STATEMENT:

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services waiver program for services I provide to the Employer/Participant signing below.

The information I've provided is true and accurate. **I understand my responsibility to inform the SDS if my circumstances change.** I understand that if these statements turn out to be false, I may personally owe federal income tax and be subject to IRS penalty. I will contact my tax accountant for additional information and guidance, as needed. **I understand that the earliest possible tax exemption effective date is the date this completed documentation is received by the SDS. Retroactive tax exemptions cannot be processed. We recommend speaking with a tax professional should you have any questions about the impact of declaring tax exemptions.**

Employee Name (please print): _____

Employee Signature: _____ Date: _____

Participant/Employer Name (please print): _____

Participant/Employer Signature: _____ Date: _____