

Public Partnerships, LLC
Georgia DBHDD NOW & COMP Waiver Programs
5660 New Northside Drive, Suite 450
Atlanta, Georgia 30328



Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

Employment Packet Introduction to PPL Information for Employees

Georgia DBHDD NOW & COMP Waiver Programs Employment Packet for Self-Directed Employees

Dear Employee:

Welcome aboard! You have received this packet because a Participant who receives support through the Georgia DBHDD Waiver Programs is interested in hiring you.

Public Partnerships, LLC (PPL) is enrolled as an approved Fiscal Intermediary Agency (FIA) and Financial Support Services Provider (FSS) for the NOW & COMP Waiver Programs. As an FSS, PPL will make all payments on behalf of Participants who have elected to “self-direct” and hire their own Employees for the delivery of services.

On the next page, you will see (3) lists of forms. The forms in the list “Forms Required for All Employees” must be completed and submitted to PPL as soon as possible so that PPL can process payments for you. The forms in the list “If Applicable Forms” are not required by PPL, but may be useful to you. If they are, please submit these forms to PPL.

Please keep the forms in the list “Forms to Keep – You Will Use These for the Program.” These forms will help you submit timesheets and contain important contact information for the program. You must complete a separate Employment Packet for each Participant who employs you, even if you are hired by two people in the same household.

PPL cannot pay you for any services until a completed Employment Packet is received for your work with each Employer. PPL will issue your paychecks to you based on properly completed timesheets. These paychecks will reflect tax withholdings.

If additional information is needed or should you have any questions, please call our Customer Service Center toll free at 1-866-836-6792.

NEED HELP? CALL TOLL FREE AT 1-866-836-6792

Forms Required For All Employees

USCIS Form I-9 Department of Homeland Security - Employment Eligibility Verification: This form is used to confirm your immigration and US citizenship information. The form contains instructions developed by the USCIS. *Ask your Employer to certify and sign Section 2 of the I-9 Form.*

IRS Form W-4 Employee's Withholding Allowance Certificate: This form is used to calculate your federal tax withholding. The form contains instructions developed by the IRS.

GA Form G-4 Employee's Georgia Withholding Percentage Election: This form is used to calculate your state tax withholding. The form contains instructions developed by the Georgia Department of Taxation. Please sign and return to PPL.

Employment Agreement: This agreement outlines the policies, qualifications, and duties of the Employer and Employee. ***Both the Employer and Employee must sign this form.***

Employer/Employee Relationship Federal Tax Exemption Form: This form identifies family members of the Employer of Record who will be providing services. Certain family members are exempt from FICA withholding. If a family member is exempt, he or she will not be eligible for Social Security benefits for the work performed while employed by the family member. Both Employee and Employer must sign this form.

Cogent Demographic Information Sheet. DBHDD requires a criminal background check through the State's background check process for all employees who will provide services to NOW & COMP Wavier participants. The instructions and forms required for the Cogent process are included in this packet.

If Applicable Forms

Earned Income Credit (EIC): This publication explains the Federal Earned Income Credit. Review this form. You may be eligible for the credit.

EFT Application and Instructions: This form is used to establish direct deposit of your paycheck with PPL. We strongly encourage Employees to use direct deposit.

Forms to Keep – You Will Use These for the Program

Payroll Schedule: Use this to know when you must complete timesheets and submit them to PPL every two weeks.

PPL Timesheet: Complete this timesheet and submit to PPL according to the Payroll Schedule for any work performed after you have been authorized to provide services.

Timesheet Instructions: Use these instructions to help you complete the PPL timesheet.

Customer Service Contact Page: This form provides you with information about PPL's Customer Service Center.

What should I expect as an Employee?

Before you are eligible to provide services to a Participant you must:

- Complete and satisfactorily pass a Criminal Background Check. By signing the Employment Agreement, you authorize PPL to conduct a Criminal Background Check.
- Complete and submit to PPL all forms listed as required in this packet, including the Employment Agreement.

After you start your job you will:

- Submit signed timesheets to your Employer twice a month, within 2 (two) days of the end of the pay period (see payroll schedule enclosed in this packet);
- Receive a paychecks from PPL twice a month, based on properly completed timesheets;
- Receive a W-2 Wage Statement from PPL every year (in late January), on behalf of your Employer.

Who is responsible for submitting timesheets to PPL?

Your Employer is responsible for submitting timesheets directly to PPL; however, it is YOUR responsibility to properly complete the paper timesheet and submit it to your Employer. Timesheets must be signed by both you and your Employer before submitting to PPL.

What is the U.S. Citizenship and Immigration Services (USCIS) Form I-9?

The USCIS Form I-9 is your employment eligibility verification. You must bring this form and the documents listed on page 3 of the I-9, to your Employer. Your Employer will review the documents, confirm your identity, and verify your identity by signing this form. Federal law requires that all Employers and Employees complete this form.

What taxes will be withheld? Will I see them on my paycheck stub?

PPL will withhold Social Security, Medicare (FICA), and state and federal income taxes from your paycheck as applicable. A summary of all tax withholdings will appear on your paycheck stub throughout the calendar year. PPL also will mail you a W-2 form each January. You will need this W-2 form to file your individual tax return by April of each year. Your Employer will receive regular reports from PPL about your total hours worked.

Are there other forms I need to review?

Yes. PPL has enclosed the following forms for your review. Keep these forms. You will need them when you provide services.

Timesheet, Timesheet Instructions, and Payroll Schedule: A signed timesheet will authorize PPL to issue a paycheck on behalf of your Employer. All timesheets must be signed by both

the Employee and Employer. Properly completed and signed timesheets should be given to your Employer for submission to PPL. Instructions for completing your timesheet are enclosed. It is a good idea to keep an original, blank timesheet and make copies of it semi-monthly use. If you need additional timesheets, call PPL toll-free at 866-836-6792.

Paychecks are issued semi-monthly. See the enclosed Payroll Schedule for more information about processing days and deadlines.

Customer Service Contact Page: This form provides you with information about PPL's Customer Service Center. This can be used as a quick reference page for all of PPL's important contact numbers. PPL encourages you to call us toll free at 1-866-836-6792 if you have any questions. TTY users can dial toll free at 800-360-5899. PPL staff is available to help walk you through the forms over the phone and answer any questions you may have.

PPL encourages you to call us toll free at 866-836-6792 if you have any questions. TTY users can dial toll free at 800-360-5899

PPL staff is available to help walk you through the forms over the phone and answer any questions you may have.

We look forward to working with you!

NEED HELP? CALL TOLL FREE AT 1-866-836-6792

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Georgia DBHDD NOW & COMP Waiver Programs
5660 New Northside Drive, Suite 450
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Georgia NOW & COMP Waiver Programs
FINANCIAL MANAGEMENT SERVICES

NEW EMPLOYEE PACKET CHECKLIST

STEP 1:

Please fill out where applicable and sign all the tax forms enclosed in your packets

- USCIS Form I-9 Department of Homeland Security - Employment Eligibility Verification
- IRS Form W-4 Employee's Withholding Allowance Certificate
- Family Tax Exemption Information Form
- Employment Agreement
- GA G-4

STEP 2:

Please send signed and dated Forms to:

Public Partnerships, LLC (PPL)
Georgia NOW & COMP Waiver Programs
5660 New Northside Drive, Suite 450
Atlanta, GA 30328

All forms must be reviewed, signed, dated and returned to PPL prior to issuing paychecks to employees.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

USCIS FORM I-9 Employment Eligibility Verification

What is it for?

This form tells the USCIS that you – the employee - are eligible for employment in the United States.

Who needs to sign?

Two people need to sign it – 1) the employee, and 2) the employer (participant).

Why does the employer need to sign this?

The IRS holds both the employer and the employee responsible for an individual's legal status and eligibility for employment. Before submitting form I-9 to PPL, ensure your employer has signed under 'Certification.'

I have a temporary work authorization that needs to be renewed at a later date. Can I still work?

Yes. If you are eligible to work now, you can complete this form. It is important that you keep your work authorizations up-to-date. Your employer will need to verify your status again once your temporary authorization has expired.

Employment Eligibility Verification USCIS Form I-9
Department of Homeland Security U.S. Citizenship and Immigration Services OMB No. 1615-0047 Expires 03/31/2016

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) Wozke	First Name (Given Name) John	Middle Initial F	Other Names Used (if any) N/A
Address (Street Number and Name) 123 Main Street	Apt. Number	City or Town Crestwood	State NY
Zip Code 12345	Date of Birth (mm/dd/yyyy) 12/31/1974	U.S. Social Security Number 123-45-6789	E-mail Address John_wozke@yahoo.com
Telephone Number (204) 123-4567			

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen of the United States.

A noncitizen national of the United States (See instructions)

A lawful permanent resident (Alien Registration Number/USCIS Number): _____

An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "NA" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "NA" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: *John Wozke* Date (mm/dd/yyyy): 03/01/2013

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: _____ Date (mm/dd/yyyy): _____

Last Name (Family Name): _____ First Name (Given Name): _____

Address (Street Number and Name): _____ City or Town: _____ State: _____ Zip Code: _____

Form I-9 03/08/11 N Page 7 of 9

Do I need to do anything more than sign the I-9?

Yes. You need to show proof that you are legally eligible to work. There are 10 types of documents that verify work eligibility listed on page 3. Show these documents to your employer when he/she certifies the I-9.



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Georgia Form G-4 Employee's Withholding Allowance Certificate

What is it for?

This form tells the state of Georgia about the withholding status and allowances for which the Employee is eligible.

Who needs to sign?

Every Self-Directed Employee working with a Participant who is using PPL's services needs to complete and sign this form.

What if an Employee does not want to sign this tax form?

PPL needs this form completed and signed in order to withhold taxes with the Employee's applicable allowances. In order to pay an Employee, PPL must have a completed and signed Form G-4 on file.

How should I complete the Form G-4?

- Fill out the top portion of the form with your information. This includes your name, address, and social security number.
- Fill out lines 3 through 7 (and line 8 if applicable). PPL cannot give advice about what allowances you should claim. Use the worksheet included with the Form G-4.
 - You may find it helpful to use Georgia's guide for filling out the G-4 (titled "**I nstructions for Completing Form G-4**"), which is included in this packet.
 - If you have additional questions about what allowances you should claim, contact your tax professional for assistance.
- Sign and date the bottom of this form.
- Submit the form to your Employer so he or she can complete line 9 and submit the form to PPL.

Form G-4 (Rev. 10/06)	
STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE	
1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE
READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS FORM	
3. MARITAL STATUS (If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)	
A. Single: enter 0 or 1 []	4. DEPENDENT ALLOWANCES []
B. Married Filing Joint, both spouses working: enter 0 or 1 or 2 []	
C. Married Filing Joint, one spouse working: enter 0 or 1 or 2 []	5. ADDITIONAL ALLOWANCES [] (complete worksheet below)
D. Married Filing Separate: enter 0 or 1 or 2 []	
E. Head of Household: enter 0 or 1 or 2 []	6. ADDITIONAL WITHHOLDING \$ _____
WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES This worksheet must be completed if Line 5 is greater than zero.	
1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION: Yourself: <input type="checkbox"/> Age 65 or over <input type="checkbox"/> Blind Spouse: <input type="checkbox"/> Age 65 or over <input type="checkbox"/> Blind Number of boxes checked _____ x 1300 = \$ _____	
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:	
A. Estimated Federal Itemized Deductions \$ _____	
B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300 Each spouse \$1,500 \$ _____	
C. Subtract Line B from Line A \$ _____	
D. Allowable Deductions to Federal Adjusted Gross Income \$ _____	
E. Add the Amounts on Lines 1, 2C, and 2D \$ _____	
F. Estimate of Taxable Income not Subject to Withholding \$ _____	
G. Subtract Line F from Line E (if zero or less, stop here) \$ _____	
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above \$ _____ This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up.	
7. LETTER USED (Marital Status A, B, C, D, or E) _____ TOTAL ALLOWANCES (Total of Lines 3 - 5) _____ (Employee: The letter indicates the tax tables in the Employer's Tax Guide)	
8. EXEMPT: Skip this line if you entered information on Lines 3 - 7. Read the instructions for Line 8 on page 2. I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here <input type="checkbox"/>	
I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.	
Employee's Signature _____	Date _____
Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.	
9. EMPLOYER'S NAME AND ADDRESS: _____ EMPLOYER'S FEIN: _____	
EMPLOYER'S WH#: _____	
Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.	

**GEORGIA DBHDD NOW & COMP WAIVER PROGRAMS
FINANCIAL MANAGEMENT SERVICES
EMPLOYEE INFORMATION PACKET (866) 836-6792**

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

- A. Single: Enter 0 or 1[]
- B. Married Filing Joint, both spouses working:
Enter 0 or 1 or 2[]
- C. Married Filing Joint, one spouse working:
Enter 0 or 1 or 2[]
- D. Married Filing Separate:
Enter 0 or 1 or 2[]
- E. Head of Household:
Enter 0 or 1 or 2[]

4. DEPENDENT ALLOWANCES []

5. ADDITIONAL ALLOWANCES []
(worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed only if step 5 is greater than zero)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
Yourself: Age 65 or over Blind
Spouse: Age 65 or over Blind Number of boxes checked _____ x 1300.....\$ _____
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
A. Federal Estimated Itemized Deductions.....\$ _____
B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
 Each Spouse \$1,500 \$ _____
C. Subtract Line B from Line A.....\$ _____
D. Allowable Deductions to Federal Adjusted Gross Income\$ _____
E. Add the Amounts on Lines 1, 2C, and 2D\$ _____
F. Estimate of Taxable Income not Subject to Withholding\$ _____
G. Subtract Line F from Line E (if zero or less, stop here).....\$ _____
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above _____

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) _____ **TOTAL ALLOWANCES** (Total of Lines 3 - 5) _____
(Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**

- a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here**
- b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt. **Check here**

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.
If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: _____ **EMPLOYER'S FEIN:** _____

EMPLOYER'S WH#: _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single - enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- C. Married Filing Joint, one spouse working - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate - enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- E. Head of Household - enter 1 if you claim yourself but the individual(s) for whom you maintain a home does not qualify as a dependent; or 2 if you claim yourself and a qualified dependent for whom you maintain a home

Do not claim a deduction on Line 4 for a dependent used to qualify you as head of household

Line 4: Enter the number of dependent allowances you are entitled to claim.

Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial of your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3 - 5.

Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount on Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore, you **qualify** to claim exempt.

b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:

1. The servicemember is present in Georgia in compliance with military orders;
2. The spouse is in Georgia solely to be with the servicemember;
3. The spouse maintains domicile in another state; and
4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

1. On the W-2 for 2009, the employer should report all wages earned during the year as Georgia wages. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Do not complete Lines 3 - 7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

PPL Employer/ Employee Relationship Federal Tax Exemption Information Form


What is it for?

This form tells PPL if you are exempt from Federal Social Security and Medicare (FICA) taxes per IRS regulations. If your completion of the form indicates that you are exempt, PPL will not withhold Social Security or Medicare (FICA) taxes from your semi-monthly paychecks. If you are exempt from these taxes, your Employer is also exempt from their portion of Social Security and Medicare taxes, along with Federal Unemployment (FUTA) taxes.

Who needs to sign?

Every Self-Directed employee working with a Participant who is using PPL's services AND every Employer of Record must complete this form.

Public Partnerships, LLC
Georgia DBHDD NOW & COMP Waiver Programs
5660 New Northside Drive, Suite 450
Atlanta, Georgia 30328



Application for Tax Exemptions
Based on Student Status, Age, or Family Relationship

What is the purpose of this form?
Certain employees and employers may be exempt from paying certain federal and state taxes (Social Security, Medicare, and unemployment) based on the employee's student status, age, or family relationship to the Employer of Record. If employees qualify for these exemptions, they and their employers are required to take them. Please consult IRS Publication #926 and IRS website article "Foreign Student Liability for Social Security and Medicare Taxes" for additional information. **Please mark the appropriate boxes for the following questions.**

1. Is the employee a non-resident alien temporarily in the United States on an F-1 or M-1, visa, admitted to the US as a student?

	Yes
	No

2. Is the employee a non-resident alien temporarily in the United States on a J-1, Q-1, or Q-2 visa, admitted to the US for the purpose of providing domestic services?

	Yes
	No

If you answered "No" to Questions 1 and 2, proceed to Question 3. Stop if you answered "Yes" to either.

3. What is the Provider's relationship to the Employer of Record?

I, _____, am the Employer of Record's _____. (Please check one)

(Provider Name)

	Parent
	Child
	Spouse
	Other

If you answered "Parent" please proceed to question 4, otherwise proceed to questions 5 and 6.

1

How should I complete the Federal Exemption worksheet?

There are several questions to answer on this form. Read the form and determine if you are related to the Employer of Record in any of the ways listed, and if so, check the appropriate box(es). You and your Employer then need to sign and date the form and submit it to PPL. If you have questions about who your Employer is, contact PPL at (866) 836-6792.

**GEORGIA DBHDD NOW & COMP WAIVER PROGRAMS
FINANCIAL MANAGEMENT SERVICES
EMPLOYEE INFORMATION PACKET (866) 836-6792**

**Application for Tax Exemptions
Based on Student Status, Age, or Family Relationship**

What is the purpose of this form?

Certain employees and employers may be exempt from paying certain federal and state taxes (Social Security, Medicare, and unemployment) based on the employee's student status, age, or family relationship to the Employer of Record. If employees qualify for these exemptions, they and their employers are required to take them. Please consult IRS Publication # 926 and IRS website article "Foreign Student Liability for Social Security and Medicare Taxes" for additional information. Please mark the appropriate boxes for the following questions.

- 1. Is the employee a non-resident alien temporarily in the United States on an F-1 or M-1, visa, admitted to the US as a student?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

- 2. Is the employee a non-resident alien temporarily in the United States on a J-1, Q-1, or Q-2 visa, admitted to the US for the purpose of providing domestic services?**

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

If you answered "No" to Questions 1 and 2, proceed to Question 3. Stop if you answered "Yes" to either.

3. What is the Provider’s relationship to the Employer of Record?

I, _____, am the Employer of Record’s _____. (Please check one)
(Provider Name)

<input type="checkbox"/>	Parent
<input type="checkbox"/>	Child
<input type="checkbox"/>	Spouse
<input type="checkbox"/>	Other

If you answered “Parent” please proceed to question 4, otherwise proceed to questions 5 and 6.

4. If you answered “Parent” to the above question AND YOU WILL BE CARING FOR YOUR SON’S OR DAUGHTER’S CHILD OR STEPCHILD, please answer the following three questions:

a. Does your son or daughter (the employer) have a child or stepchild living in the home?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

b. Is the child or stepchild of your son or daughter (the employer) under the age of 18 **OR** does the child or stepchild require the personal care of an adult for at least 4 continuous weeks in a calendar quarter due to a mental or physical condition?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

c. Is your son or daughter (the employer) divorced **and** not remarried, a widow or widower, or living with a spouse whose physical or mental condition prevents him or her from caring for the child for at least 4 continuous weeks in a calendar quarter?

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

5. What is the Provider’s Date of Birth?

Enter DOB: ____/____/____

6. Is the Provider a full time student?

	Yes. I am a full time student.
	No. I am not a student.

To be completed by Employee:

_____ **Employee Name**

Please Print

I, _____ hereby certify that the information

Employee Signature

presented above is complete and correct to the best of my knowledge.

To be completed by Participant/ Employer of Record:

_____ **Participant/ Consumer Name**

Please Print

_____ **Employer Name**

Please Print

I, _____ hereby certify that the information

Employer Signature

presented above is complete and correct to the best of my knowledge.

IMPORTANT: You must notify PPL if your status changes.

Georgia NOW & COMP Waiver Programs

EMPLOYMENT AGREEMENT Between Participant (Employer) and Employee

The Employee is hired and supervised directly by the Employer. Employee must comply with the policies outlined below. This document must be signed and copies maintained by the Employer and Employee. An additional copy must be included in the completed Employment Packet that is sent to PPL.

Parties to Agreement

This employment Agreement is made this ____ day of _____, 20 ____, by and between _____, hereinafter called "Employee," and the Participant _____ hereinafter called "Employer." The purpose of this Agreement is to establish the responsibilities of the parties to each other. The Employee is an Employee at will. The Participant served under this agreement is _____.

Compensation

The Employee shall be compensated for his or her services at the rate of \$_____ per hour. This rate must be no less than the prevailing minimum wage in the State of Georgia, or the Federal Minimum Wage, whichever is higher.

Duration of Agreement

This Agreement will be effective when it is signed by both parties. Either party may terminate this Agreement and the employment contemplated herein at any time and without liability for doing so, by giving the other party hereto at least 5 (five) days prior notice. Notice may be provided either orally or in writing. When employment is terminated, the Employer must send a **'NOTICE OF DISCONTINUED EMPLOYMENT'** form to PPL. This form can be found in the Employer packet.

Modification of Agreement

This Agreement may be modified by Agreement of both parties. Modification of this Agreement must be in writing. Signed copies of all new agreements must be provided to PPL.

Scheduling

If the Employee is unable to work during a scheduled time, the Employee shall provide at least 2 hours advance notice to the Employer, in order for the Employer to find a replacement. A change in time by the Employer or Employee must be scheduled at least 2 hours in advance. In case of emergency, the Employee will notify the Employer or another designated person. Such person shall be designated in advance, in writing. If an Employee is knowingly going to be late, he or she shall notify the Employer by telephone.

Employee Qualifications, Duties, and Policies

The Employee attests that he or she meets the minimum qualifications for employment in the DD Program and hereby agrees to the duties and policies as specified below. Qualifications, duties, and policies of the Employee include, but are not limited to, the following:

1. Employee is 21 years of age or older.
2. Employee has the required skills to perform care services as specified in the Participant's service plan.
3. Employee possesses basic math, reading, and writing skills.
4. Employee possesses a valid Social Security Number and is authorized to work in the United States.
5. Employee is willing to submit to a criminal background check.
6. Employee can demonstrate the capability to perform activities required by the Employer or specified in the Participant's service plan, or be willing to receive training in the performance of the specified activities.
7. Employee agrees that Federal Income, Medicare, Social Security, and Georgia Income Tax (as applicable) shall be withheld from Employee wages per IRS Form W-4 and Georgia Form G-4 as completed by the Employee.
8. Employee acknowledges and understands that funds available for payment are authorized by the Division of Developmental Disabilities (DDD) in advance of work performed. Payment to the Employee shall only be made as authorized by DDD. Employees shall only perform work within the authorized hour amount as they will not be compensated for work performed in excess of the authorized amount. Any work performed over the amount authorized by DDD will be paid to the Employee by the Employer.
9. The Employee will not be paid for services not performed or time not worked.

10. Timesheets must be properly completed and signed by both the Employer and the Employee. Hours recorded on timesheets cannot exceed the authorized number of hours. Timesheets are due to PPL within 2 (two) business days of the end of the pay period. Timesheets received more than two days after the end of the pay period will be paid in the next payroll cycle. Incorrectly completed timesheets will be returned and no paycheck will be issued. Timesheets must be submitted to the Participant by the Employee in accordance with the payroll schedule provided in this packet. It is the Employee's responsibility to ensure that the timesheet is either faxed or mailed to PPL.
11. All documents required in the Employment Packet must be completed by the Employee and submitted to PPL prior to performing work.
12. All paychecks are mailed directly to the Employee's home or are sent by direct deposit.
13. Payment of Employees' wages is from Federal and State funds. Any false claims, statements, documents, or concealment of material facts will be prosecuted under applicable Federal and State laws.
14. Employee agrees to assist the Participant by providing the services and performing the activities specified in the Participant's service plan.
15. Employee agrees to protect the health and welfare of the Participant by providing authorized services in accordance with the policies and standards of the NOW & COMP Waiver Program, including the Minimum Qualifications for Employment.
16. Employee agrees to provide services as specified in the Participant's service plan on a schedule mutually agreed upon between the Employer and the Employee. Occasional variations in the employment tasks and in the schedule may occur, based on mutual agreement of the parties.
17. In the event of illness, emergency, or incident preventing the Employee from providing scheduled service to the Participant, the Employee agrees to notify the Participant as soon as possible so that the Participant can obtain assistance from someone else.
18. Employee agrees to participate in training in providing services, including training in performing any health activities, as required by the Employer or as specified in the Participant's service plan.
19. Employee agrees to confidentially maintain all information regarding the Employer and to respect the Employer's privacy.
20. Employee understands that this agreement does not guarantee employment or payment of wages for any time period.
21. Employee understands that the Employee is employed by the Employer and not Public Partnerships, LLC or the state of Georgia.

22. Employer's property is not to be used for the Employee's personal use, unless mutually agreed upon by both parties prior to use of property. All private matters discussed during working times shall be kept confidential.
23. Employees are to be punctual, neatly dressed, and respectful of all family members. All instructions as to care shall be carried out carefully. The Employer's telephone may be used only with permission.
24. Misrepresentation of time, services, individuals, and/or other information is not permitted. If the Employer or Employee signs a timesheet that is determined to misrepresent information, the Participant may lose the option of self-direction in the NOW & COMP Waiver Programs.

Employer Responsibilities

1. Employer agrees to orient, train, and direct the Employee in providing the services that are described and authorized by the Participant's service plan or that are requested by the Participant.
2. Employer agrees to establish a mutually agreeable schedule for the Employee's services, either orally or in writing.
3. Employer agrees to provide adequate notice of changes in the Employee's work schedule in the event of unforeseen circumstances or emergencies, but such notice cannot be guaranteed.
4. The Employer agrees to approve completed Employee timesheets based upon satisfactory job performance. Net wages will include gross earnings calculated according to the Employee's pay rate minus payroll deductions for Employee's share of applicable state and federal payroll withholdings.
5. Employees shall only perform work within the NOW & COMP Waiver Programs authorized hour amount as they will not be compensated for work performed in excess of the authorized amount. The Employer is individually responsible to compensate the Employee for any work performed in excess of the amount authorized.
6. Misrepresentation of time, services, individuals, and/or other information is not permitted. If the Employer or Employee signs a timesheet that is determined to misrepresent information, the Participant may lose the option of self-direction in the NOW & COMP Waiver Programs.

Mutual Responsibilities

1. The parties agree to follow the policies and procedures of the Participant's service plan as outlined by the NOW & COMP Waiver Programs.

2. The Employee and Employer agree to hold harmless, release, and forever discharge the State of Georgia, NOW & COMP Waiver Programs, and Public Partnerships, LLC from any claims and/or damages that might arise out of any action or omissions by the Employee, Employer, or Participant.

Note to Employees

Any offer of employment is contingent upon successfully passing the NOW & COMP Waiver Programs criminal background check. To pass the background check, you must not have a case of abuse, neglect, mistreatment, or exploitation in your background. Furthermore, you must list any prior conviction by any local state, federal, or military court of any felony or any other conviction involving sexual crimes including, but not limited to, rape, sexual assault, sexual battery, exhibitionism, voyeurism, or any attempt to commit any of such sexual crimes: homicide or attempted homicide; felonious assault or attempted felonious assault; unlawful breaking or entering; robbery; burglary; theft, or arson.

Please list any prior convictions below:

By signing this agreement, you authorize PPL to conduct a criminal background check for you and authorize the release of the background check results to PPL, NOW & COMP Waiver Programs representatives, your Employer, and your Employer's Support Coordinator as necessary.

The Employer and Employee must sign below to begin an employment relationship through this program. By signing below, the Employee and the Employer listed hereby agree to all qualifications, duties, responsibilities, and policies as outlined in this Employment Agreement.

Employer's Signature: _____ Date: _____

(If Guardian) Relationship to Employer: _____

Employee Signature: _____ Date: _____

Employee Telephone Number: _____

Employee Alternate Telephone: _____

*** This form is a part of the Employment Packet and must be submitted to PPL.**

Public Partnerships, LLC Fingerprinting and Criminal Background Checks

Any individual applying to be a DBHDD NOW & COMP Wavier program independent contractor will have to undergo a full DBHDD background check and fingerprinting. PPL will utilize the Cogent System to help individuals complete this requirement.

Please refer to the following for detailed instructions on using Cogent Systems to complete the DBHDD NOW & COMP Wavier program background check process.

Cogent Background Check Process

Any individual applying to become an independent contractor will be required to undergo a full DBHDD NOW & COMP Wavier background check and fingerprinting. PPL will utilize the Cogent System to help individuals complete this requirement.

As an individual applying to become an independent contractor, you must complete the following steps to begin the background check process:

1. Complete the Cogent Demographic Information in the vendor packet.
2. Submit the completed packet to PPL.

PPL will complete the Cogent individual applicant registration for you online using the information that you provided on the Demographic Information Form.

You will be notified by PPL when your online registration is complete, and you will be given your **Registration ID**.

Once you receive this notification, you will need to go to a GAPS Print Location to have the check and fingerprinting completed.

➤ What to Bring with You to the GAPS Print Location

Before heading to a print location to have your check completed, please be sure you have received your Registration ID from PPL and have this number available when you arrive at the location. You will also need to bring the appropriate identification with you. Cogent Systems requires current, valid, and unexpired picture identification documents. As a primary form of picture identification, one of the following will be accepted at GAPS Print Locations:

Primary Documents

- State Issued Driver's License with Photograph
- State Issued Identification Card with Photograph
- US Passport with Photograph
- US Active Duty/Retiree/Reservist Military ID Card (000 10-2) with Photograph

- Government Issued Independent contractor Identification Card with Photograph (includes Federal, State, County, City, etc.)
- Tribal Identification Card with Photograph

However, in the absence of one of the above Primary identifications, applicants may provide one or more of the following Secondary Documents, along with two of the following supporting documents:

Secondary Documents:

- State Government Issued Certificate of Birth
- Social Security Card
- Certificate of Citizenship (N560)
- Certificate of Naturalization (N550)
- INS I-551 Resident Alien Card Issued since 1997
- NS 1-688 Temporary Resident Identification Card
- INS I-688B, I-766 Employment Authorization Card

Secondary Documentation must be supported by at least two of the following:

- Utility Bill (Address)
- Voter Registration Card
- Vehicle Registration Card/Title
- Paycheck Stub with Name/Address
- Cancelled Check or Bank Statement

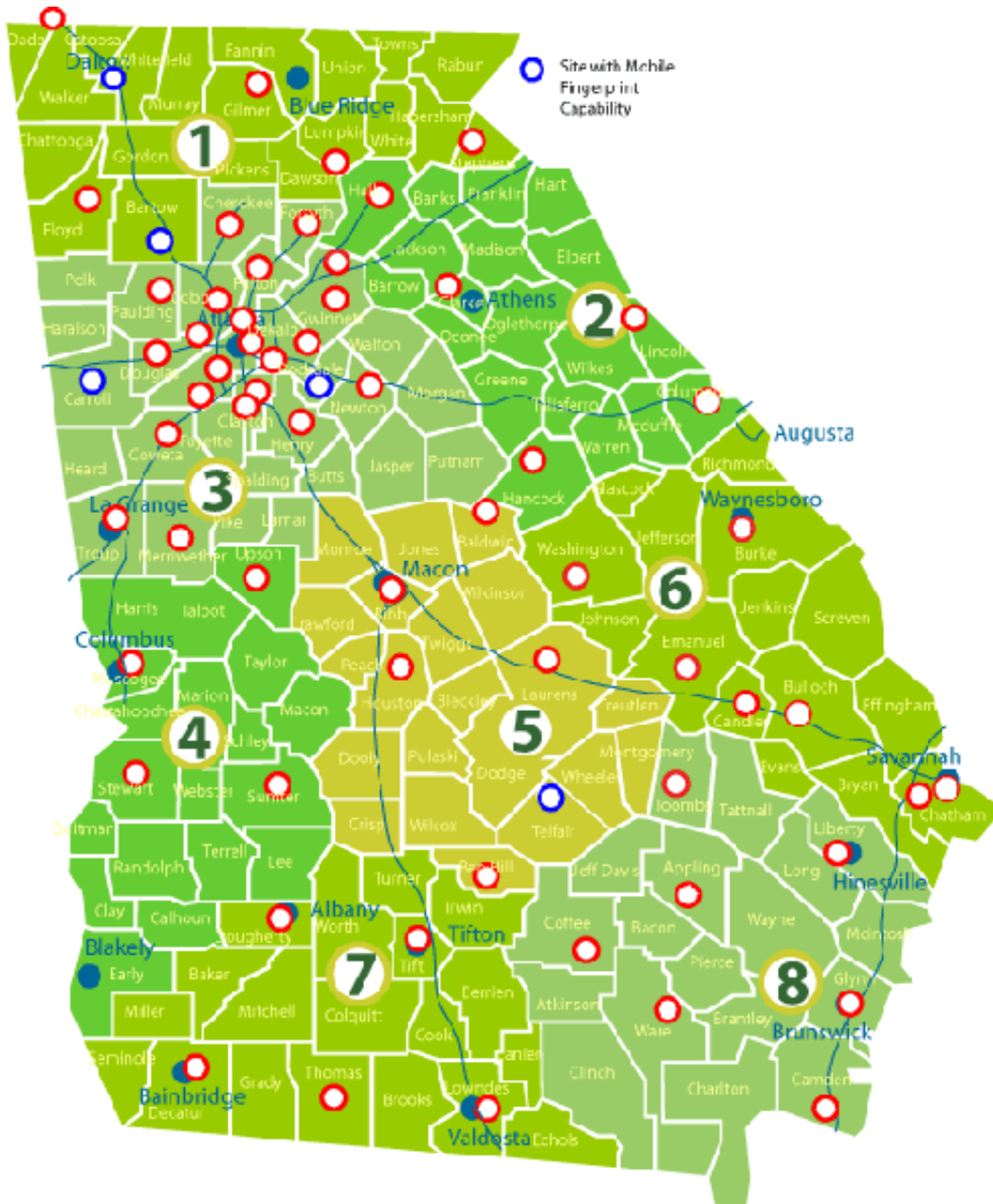
Once the check has been completed, PPL will receive a determination clearance letter from DBHDD indicating a status of Pass/Fail and will communicate the results to you.

If you have received a 'Pass' status, and all required documents have been submitted in the Independent contractor Packet, PPL will mark you as Good To Go.

If you have received a 'Fail' status for any reason, PPL will indicate that you have not met the background check requirement, and you will not be marked as Good To Go. You may not be able to be employed at that time.

If you have any questions regarding the Cogent background check process or requirements, please contact PPL at 866-835-3371.

Map of Current Cogent Locations



Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

**GEORGIA DBHDD NOW & COMP WAIVER PROGRAMS
DEMOGRAPHIC INFORMATION/ REGISTRATION FORM
FOR EMPLOYEES**

Please provide the following information. Lines marked with a (*) indicate required fields. PPL will use this information to complete the Individual Applicant Registration with Cogent Systems on your behalf.

* Last Name: _____

* First Name: _____

Middle Name: _____

Suffix (circle one if applicable): Jr, Sr, II, III, IV, Other

* Date of Birth: __ / __ / ____

* Place of Birth (state and country if outside of US): _____

SSN: _____ * **Note:** If you choose not to provide your SSN, you will be required to provide your Registration ID (provided by PPL) at the GAPS Print Location.

* Sex (circle one): Male/Female

* Race (check one):

Asian or Pacific Islander
Black
American Indian
Alaskan Native

White
Mexican
Latino
Unknown

* Eye Color: _____

* Hair Color: _____

* Height: _____

* Weight: _____

Country of Citizenship: _____

Driver's License No: _____

Driver's License State: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Toll Free Numbers

Phone: 1-866-836-6792
 TTY System: 1-800-360-5899
 Administrative Fax: 1-866-461-0195
 Timesheet Fax: 1-866-584-1062

**PPL Timesheets
 & Payment Request Forms
 Instructions for Completion**

Whether you have used other timesheets or not, you are probably wondering, "How in the world am I supposed to fill out this timesheet?" This worksheet should provide you with clear instructions for doing so.

For the Georgia DBHDD NOW & COMP Waiver, PPL accepts timesheets through the PPL Web Portal, by fax or mail. The Participant will be responsible for submitting timesheets to PPL.

Note: Employees must complete all required forms prior to payments being issued.

There are 15 required fields on our timesheet. These are described below.

Georgia DBHDD Waiver COMP & NOW Program

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1 → Consumer's Name: _____

2 → Employee's Name: _____

3 → Consumer ID: _____

4 → Employee ID: _____

5 → Service Code: _____

6 → FAX: PPL @ 1-866-584-1062 MAIL: PUBLIC PARTNERSHIPS LLC, ATTN: GA DDW, 6 Admirals Way, Chasco GA, 02150

7 → Specify Day Period: 1st - 15th 16th to End of Month

8 → Date Worked: _____

9 → Time IN: _____

10 → Time OUT: _____

11 → Time IN: _____

12 → By signing below, I certify that I have provided the services to the participant during the time described on this timesheet. Date: ____/____/____

13 → Employee Signature: _____

14 → I certify that the participant has received hours of service as reported above. Date: ____/____/____

15 → Participant/Employer or Representative: _____

NOTE:

1. For the Service Code box, please enter the 3-digit code corresponding to the service delivered. These can be found on the Timesheet Service Code list in the enrollment packets. If you delivered more than one type of service during this pay period, you will need to complete a separate timesheet per service code.

2. If you work through midnight, enter your Time Out on the first day as 11:59 PM. On the next line enter your Time In on day two as 12:00 AM.

3. Use Black Ink; Fill in Circles Completely; DO NOT PhotoCopy

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Required Fields

All of these fields MUST be completed for the timesheet to be paid. This list corresponds to the picture on the previous page.

- 1. Participant's (Consumer) Name:** Enter the name of the person receiving services.
- 2. Employee's Name:** Enter the name of the person providing services.
- 3. Participant (Consumer) ID Number:** This is the Participant's identification number issued by Georgia DDD NOW & COMP Waiver Programs
- 4. Employee's ID:** This is the ID given to the Employee by PPL. The unique ID number will consist of a capital letter followed by a six digit number. The system will generate this unique identifier. Employees will receive the unique identifier once all paperwork has been submitted and verified by PPL. Please call Customer Service if you want to verify your Employee ID.
- 5. Service Code:** Fill in the service code box with the acronyms of the service(s) you are performing. (A Service Code legend is located in this packet)
- 6. Service Year:** This is the year of the pay period. The payroll schedule will list this for you.
- 7. Pay Period:** This is the pay period for which you are submitting time. The payroll schedule will list these for you.
- 8. Month Worked:** Enter the two digit number for the month you worked in. (Example, for January write, "01". For October write, "10".)
- 9. Day Worked:** Enter the date you worked. (Example, for the 1st of the month write, "01". for the 22nd write, "22".)
- 10. Time In/Time Out:** This is the time the Employee started working and the time the Employee finished working. Please see instructions below for entering overnight time and multiple times per day. You do not need to round time to the closest 15 minutes.
- 11. AM/PM:** Fill in the circle indicating if the work was done in the AM or PM.
- 12. Date of Employee's Signature:** This is the date the Employee signed the timesheet.
- 13. Employee Signature:** This is the signature of the Employee.
- 14. Date of Participant Signature:** This is the date that the Participant or Participant's representative signed the timesheet.
- 15. Participant Signature:** An 'X' or a mark is accepted as a signature.

Special Situations

1. **Working overnight:** When you work overnight, there are special instructions for completing the timesheet. You must complete one line for work you did before midnight and another line for work you did after midnight.

For example, say you worked overnight Friday night from 9:00 PM to 9:00 AM. Enter the start time as 9:00 PM as seen below. Enter the end time for that day as 11:59 PM. Now, you did not finish working at 11:59 PM, you just finished working on the 16th at that time. Enter the rest of your time on the 17th as shown below – 12:00 AM to 9:00 AM.

Date Worked				Time IN				Time OUT			
Month		Day		HH	MM	AM	PM	HH	MM	AM	PM
M	M	D	D								
1	1	/	16	09	:00	⊙	PM	11	:59	⊙	PM
1	1	/	17	12	:00	⊙	AM	09	:00	⊙	AM

2. **Working multiple times in one day:** Many Employees work with someone multiple times in a day. You can enter as many in and out times as you want but you are limited to two shifts per line.

For example, say you started working for Sally at 9:00 AM. You helped her until 10:05 AM. You left to run an errand, came back at 11:15 AM, and stayed until 12:30 PM. You would enter these shifts as shown below.

Date Worked				Time IN				Time OUT				Time IN				Time OUT			
Month		Day		HH	MM	AM	PM	HH	MM	AM	PM	HH	MM	AM	PM	HH	MM	AM	PM
M	M	D	D																
1	1	/	02	09	:00	⊙	AM	10	:05	⊙	AM	11	:15	⊙	AM	12	:30	⊙	AM

If you came back a third time that evening from 5pm – 7 pm, you would need to move down to the next line as shown below to record all three shifts for that day.

Date Worked				Time IN				Time OUT				Time IN				Time OUT			
Month		Day		HH	MM	AM	PM	HH	MM	AM	PM	HH	MM	AM	PM	HH	MM	AM	PM
M	M	D	D																
1	1	/	02	09	:00	⊙	AM	10	:05	⊙	AM	11	:15	⊙	AM	12	:30	⊙	AM
1	1	/	02	05	:00	⊙	AM	07	:00	⊙	AM		:		AM		:		AM

General Suggestions

Below are some general suggestions for successfully completing timesheets:

- Fill in the timesheet clearly. Your Employer will need to be able to read the timesheet clearly or your payment may be delayed.
- Fill in all the required fields. You will not be paid unless all of the fields are filled in.
- Use dark ink.
- Use separate timesheets for different Participants. If you work with more than one Participant, make sure you use separate timesheets.
- Do not round time. Write the exact time. Our systems will round your time for you.
- If you make a mistake, use a new timesheet.
- Make sure the timesheets you submit are good copies. You can make copies of the timesheets, but be sure that they are straight (not tilted) and full-sized.

Obtaining Timesheets

1. You can make copies of the timesheets we give you, but again, please make sure they are full-sized.
2. Contact Customer Service at 866-836-6792 or PPLGADDD@pcgus.com and request that they send you copies of timesheets if needed.
3. You can also download copies of timesheets online at www.publicpartnerships.com. Click on 'Log In to Your Program.' Where it says 'Please choose your location,' you should click on the down arrow and select 'NOW & COMP Wavier Program.' In the Client Login Box, enter the following username and password:

Username: gadbhdd

Password: ppldbhdd

Submitting Timesheets

Participants will be responsible for submitting timesheets using the PPL Web Portal, by fax or mail. You should make sure that you and your employee have signed the timesheet in the appropriate space.

Employees provide services under specific service codes. Please refer to the next page for a list of Service Codes.

Below is a list of service codes you will need to use when completing your timesheets for **NOW** & **COMP Waiver Services**:

Service	Service Code to Write on Your Timesheet
Behavior Support Consultation	BSC
Community Access Group	CAG
Community Access Individual	CAI
Community Guide Self-Directed	CGS
Community Living Support (Hourly)	CLH
Community Living Support (Daily)	CLD
Community Living Support (RN)	CLR
Community Living Support LPN	CLL
Environmental Accessibility Adaptations	EAA
Financial Services	FSS
Natural Support Training	NST
Respite Services (Hourly)	RSH
Respite Services (Overnight)	RSO
Specialized Medical Supplies	SMS
Specialized Medical Equipment	SME
Supported Employment (Group)	SEG
Supported Employment (Individual)	SEI
Transportation Encounter / Trip	TET
Transportation Commercial Carrier	TCC
Vehicle Adaptations Self-Directed	VAS
Occupational Therapy Evaluation	OTE
Occupational Therapy Therapeutic Activities	OTT
Occupational Therapy Sensory Integration	OTS
Physical Therapy Evaluation	PTE
Physical Therapy Therapeutic Procedure	PTT
Speech and Language Evaluation	SLE
Speech and Language Therapy	SLT
Speech Generating Device Therapy	SGD



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Georgia DBHDD Waiver COMP & NOW Program

Consumer ID:

Consumer's Name: _____

Employee ID:

Employee's Name: _____

Service Code:

FAX: PPL @ 1-866-584-1062 MAIL: PUBLIC PARTNERSHIPS LLC, ATTN: GA DDW, 6 Admirals Way, Chelsea MA, 02150

Year Specify Pay Period: 1st - 15th 16th to End of Month

Date Worked		Time IN		Time OUT		Time IN		Time OUT	
Month	Day	HH	MM	HH	MM	HH	MM	HH	MM
M M	D D								
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By signing below, I certify that I have provided the services to the participant during the times described on this timesheet.

Date:

Employee Signature: _____

I certify that the participant has received hours of service as reported above.

Date:

Participant/Employer or Representative: _____

- NOTE:**
- For the Service Code box, please enter the 3-digit code corresponding to the service delivered. These can be found on the Timesheet Service Code list in the enrollment packets. If you delivered more than one type of service during this pay period, you will need to complete a separate timesheet per service code.
 - If you work through midnight, enter your Time Out on the first day as 11:59 PM. On the next line enter your Time In on day two as 12:00 AM.
 - Use Black Ink; Fill in Circles Completely; DO NOT PhotoCopy

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Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

**Payment by Direct Deposit
Information Guide**

Direct Deposit is the fastest and safest way to receive payment from Public Partnerships, LLC for delivery of services to The Georgia DBHDD NOW & COMP Waiver Programs Administered by Georgia's Department of Behavioral Health and Developmental Disabilities.

You can choose to receive your payment directly deposited into your checking account, savings account, or to a pay card of your choice. To sign up for Direct Deposit, review the three steps below and complete the Direct Deposit application. If you have any question, contact Customer Service toll free at 1-866-836-6792.

1. Meet Direct Deposit Requirements

You may receive Direct Deposit payroll payments if you meet the following requirements:

1. You must complete the Direct Deposit Application. The person filling out the form must have the authority to authorize payment processing to the account listed.
2. You must agree to immediately notify PPL in writing if you change your bank, account number, account type, ABA routing number, or contact information. With changes, you may need to submit a new Direct Deposit Application form. Failure to comply with notification policies may result in a delay of payment.

2. Submit Direct Deposit Application to PPL

Complete and sign the Direct Deposit application. You also need to submit account verification documents. These documents differ depending on the type of Direct Deposit you want to do:

To Direct Deposit **to a checking account**, you need to submit a voided check or you will need to submit a letter from your bank that states your account number for the account you wish the payment to be deposited.

To Direct Deposit **to a savings account**, you need to submit a letter from your bank that states your account number for the account you wish the payment to be deposited.

To Direct Deposit **to a pay card/ debit card**, you need to submit documentation from the pay card's enrollment process or the pay card's financial entity that verifies the account number and the routing number you want PPL to deposit funds to.

NOTE: Please be advised that if you choose this option, PPL is **not** supporting any particular pay card/debit card financial institution and is **not** responsible for any fees established by the financial institution. PPL recommends you review all information regarding services fees, transaction limitations, or any other important information pertaining to your pay card prior to enrolling and activating your pay card.

The application and the supporting documents must be sent to:

Fax: 1-866-461-0195

Mail:

Public Partnerships, LLC
Georgia DBHDD NOW & COMP Waiver Programs
Financial Management Services
5660 New Northside Drive
Atlanta, GA 30328

3. Await confirmation from PPL

Your Direct Deposit account will become active after PPL verifies your account number with your bank or pay card. The whole process will take 1 to 2 **pay cycles** from the time we receive your completed and signed application.

If there is a change in bank account information, your PPL payment account will be taken off Direct Deposit status until the new bank account information is verified. Verification may take a few weeks. You will receive paper checks in the interim period.

The Direct Deposit payment is sent on payday and should be in your bank account on the date reflected on the Payroll Schedule. Please be aware that bank holidays may delay payment posting. After considering bank holidays, contact Customer Service toll free at 1-866-836-6792 if you don't receive your payment on time.

4. Remittance Advice

Once your Direct Deposit becomes active, you will receive a summary of your gross wages, tax withholding, etc. on a document called a "Remittance Advice" that is mailed to you. This is information that used to show on your check stub.

We hope you enjoy having faster access to your payments!

Optional Form



Public Partnerships - Georgia DBHDD NOW & COMP Wavier Programs

FORM - DD2
Revised 07/2010

DIRECT DEPOSIT APPLICATION

Section 1

CREATE/CHANGE GA DBHDD Direct Deposit Account or CLOSE Existing GA DBHDD Direct Deposit Account

Check the appropriate box below based on your request.

- New Direct Deposit Set-up Change Account Number Cancellation Request
- New Pay Card/Debit Card Set-up Change Account Type Change Financial Institution

Section 2

PAYEE INFORMATION

Disclosure of your Social Security Number (SSN) is voluntary pursuant to 42 USC 405c2C. PPL will use to file required information returns to IRS.

1. Social Security Number (SSN)

□ □ □ - □ □ - □ □ □ □

2. Payee Name

3. Phone

4. Payee Address

5. City

6. State

7. Zip

Section 3

AUTHORIZATION FOR SET-UP, CHANGE OR CANCELLATION

I authorize Public Partnerships - Georgia DBHDD NOW & COMP Wavier to process payments owed to me for services authorized by the Georgia DBHDD NOW & COMP Wavier programs. Per my request, PPL will deposit my payment directly to my bank or pay card account indicated below using an Automated Clearing House (ACH) transaction. I recognize if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made. I authorize PPL to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize PPL to withhold any payment owed to me by PPL until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PPL. The change or revocation is effective on the day PPL processes the request.

I certify that I have read and agree to comply with PPL rules governing payments and electronic transfers as they exist on the day of my signature on this form or as subsequently adopted, amended, or repealed.

I authorize PPL to stop making electronic transfers to my account without advance notice.

If I choose to have my payments deposited to a pay card or debit card, I accept all responsibility for all terms, conditions and/or fees that may be applicable to my chosen pay card/debit card.

I certify that I am authorized to contract for the entity receiving deposits per this agreement, and that all information provided is accurate.

8. Signature (Required)

9. Title

10. Date

Section 4

ACCOUNT DETAIL INFORMATION

11. Financial Institution Name (My Bank or my Pay Card Bank's Name)

12. Bank Address

□ □ □ □ - □ □ □ □ □

13. Bank Routing Number

□ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □

15. My Account Number

14. Account Type:

Checking Savings Pay Card/Debit Card

16. Bank City

17. Bank State

18. Bank Zip

Mail with VOIDED CHECK or ACCOUNT VERIFICATION to
Public Partnerships - Georgia DBHDD NOW & COMP Wavier, 5660 New Northside Drive, Suite 450, Atlanta, GA 30328

Public Partnerships, LLC
Georgia DBHDD NOW & COMP Waiver
Programs
5660 New Northside Drive, Suite 450
Atlanta, Georgia 30328



Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

Attention Provider:

Legislation signed by the President on August 10, 2010 repeals the Advanced Earned Income Tax Credit. Recipients will not be able to claim Advance EITC after **December 31, 2010.**

Due to this legislation, we are unable to process any requests for advanced EIC. Please note that the Earned Income Credit still exists. It is just that you can no longer request this credit in advance in your paycheck. It can be claimed on Form 1040 when you file your 2011 income tax paperwork.

IRS Publication 596 explains the Earned Income Credit in great detail. Please refer to this document for additional guidance. If further clarification on this legislation is needed, please contact a tax professional.

Thank you,

PPL

Possible Federal Tax Refund Due to the Earned Income Credit (EIC)

The option of receiving advance payroll payments of Earned Income Tax expired on Dec 31, 2010. Employee will not be able to receive advance payments of the EIC in their pay during the year 2011 as they could in 2010 and earlier years, because the law changed. Form W-5, Earned Income Credit Advance Payment Certificate, is no longer in use.

However, EIC still exists and individuals eligible for EIC in 2011 can still claim the credit when they file their 2011 federal income tax return.

To qualify for EIC the person must meet certain rules. These rules for year 2010 are summarized in the table below:

First, you must meet all the rules in this column		Second, you must meet all the rules in ONE of these columns, whichever applies		Third, you must meet the rule in this column
Chapter 1. Rules for Everyone		Chapter 2. Rules If You Have a Qualifying Child	Chapter 3. Rules if You do Not Have a Qualifying Child	Chapter 4. Figuring and Claiming the EIC
<p>1. Your adjusted gross income (AGI) must be less than:</p> <ul style="list-style-type: none"> • \$43,352 (\$48,362 if married filing jointly) if you have 3 or more qualifying children • \$40,363 (\$45,373 if married filing jointly) if you have 2 qualifying children • \$ 35,535 (\$ 40,545 if married filing jointly) if you have 1 qualifying child • \$ 13,460 (\$ 18,470 if married filing jointly) if you do not have a qualifying child 	<p>2. You must have a valid Social Security number</p> <p>3. Your filing status cannot be "Married filing separately"</p> <p>4. You must be a U.S. citizen or resident alien all year</p> <p>5. You cannot file Form 2555 or Form 2555-EZ (relating to foreign earned income)</p> <p>6. Your investment income must be \$3100.00 or less</p> <p>7. You must have earned income</p>	<p>8. Your child must meet the relationship, age, residency, and joint return tests</p> <p>9. Your qualifying child cannot be used by more than one person to claim the EIC</p> <p>10. You cannot be a qualifying child of another person</p>	<p>11. You must be at least 25 but under age 65</p> <p>12. You cannot be dependent of another person</p> <p>13. You cannot be a qualifying child of another person</p> <p>14. You must have lived in the United States more than half of the year</p>	<p>15. Your earned income must be less than:</p> <ul style="list-style-type: none"> • \$43,352 (\$48,362 if married filing jointly) if you have 3 or more qualifying children • \$40,363 (\$45,373 if married filing jointly) if you have 2 qualifying children • \$ 35,535 (\$ 40,545 if married filing jointly) if you have 1 qualifying child • \$ 13,460 (\$ 18,470 if married filing jointly) if you do not have a qualifying child

For qualifying earning limits for year 2011 and for the following years you will need to refer to instructions on the form 1040 or 1040A for that year.

If eligible, you can claim the EIC to get a refund even if you have no tax withheld from your pay or owe no tax. For example, if you had no tax withheld in 2010 and owe no tax but are eligible for a credit of \$829.00, you must file a 2010 income tax return to get the \$ 829.00 refund. You must take the same approach when you want to claim the credit for year 2011.

Public Partnerships, LLC
Georgia DBHDD NOW & COMP Waiver Programs
5660 New Northside Drive, Suite 450
Atlanta, Georgia 30328



Toll Free Numbers

Phone: 1-866-836-6792

TTY System: 1-800-360-5899

Administrative Fax: 1-866-461-0195

PPL CUSTOMER SERVICE

PPL has a Customer Service Center located in Atlanta, Georgia. This center will support Participants and Employees and can be reached by calling toll-free 866-836-6792. The Customer Service Center is open between 8:30AM and 5:30 PM EST, Monday through Friday. At all other times, a messaging system is available.

PPL has a separate phone line (800-360-5899) that connects callers to our TTY system. This is for people with hearing and/or speech impairments who use text telephones. We also have a toll-free fax number (866-461-0195) and a program specific e-mail address (PPLGADDD@pcgus.com).

Our Customer Service Center telephone system has a voicemail system, which is used as a back up during regular business hours. It is also used on nights, weekends, and holidays. PPL will return all calls left on voicemail during business hours within one business day of receiving the message.

PPL's Customer Service Center has experienced Customer Service Specialists. PPL enters all calls received, including any complaints that we may receive, directly into our computer system. We identify the caller, the reason for the call, and the date received. We also track how we addressed the issue and the date it was resolved. This allows for easy reporting and tracking of calls so that we can provide the best service to you possible.

Please call us at 1-866-836-6792 if you have any questions.

We look forward to working with you!