

## How to Update and Verify Tax Information

### Withholding Federal Income Tax

If an IP wants to have taxes taken from their paycheck, change either claiming status or number of allowances, or indicate an optional additional amount that they want to be withheld from each paycheck, they need to complete and submit an Internal Revenue Service (IRS) Form W-4.

An IP can get an IRS Form W-4 by:

1. Downloading it at <http://www.irs.gov/pub/irs-pdf/fw4.pdf>, or
2. Calling the IRS office at **1-800-829-3676** and asking them to send a form.

The tax deductions requested on the Form W-4 remain in effect unless the IP contacts the IPOne call center to make a change.

### Filling out the W-4:

1. Complete required fields: Boxes 1, 2, 3 and 5.
2. Boxes 4, 6, and 7 are optional.
3. Leave boxes 8, 9, and 10 blank.
4. Sign and date the form at the bottom of the page where it says “Employee’s signature”, and “Date”.
5. Mail or fax the form to:



Toll-free FAX#  
1-855-901-6904



Public Partnerships, LLC  
WA IPOne  
7776 S Pointe Pkwy W, Suite 150  
Phoenix, AZ 85044

Separate here and give Form W-4 to your employer. Keep the top part for your records.

**Form W-4 Employee's Withholding Allowance Certificate** OMB No. 1545-0074  
**2015**

Department of the Treasury Internal Revenue Service

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial Last name 2 Your social security number

Home address (number and street or rural route) 3  Single  Married  Married, but withhold at higher Single rate. Note: If married, but legally separated or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5  
 6 Additional amount, if any, you want withheld from each paycheck 6 \$

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:  
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and  
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.  
 If you meet both conditions, write "Exempt" here 7

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

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

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 10220Q Form W-4 (2015)

**Applying for Tax Exemptions:**

An IP may be required to take specific employment tax exemptions for FICA/FUTA because of age, student status, or relationship to the employer/client.

IPs can download the **Application for Employment Tax Exemptions Based on Age, Student Status, and Family Relationship** form from the PPL website at: <http://www.publicpartnerships.com/programs/washington/IPOne/index.html>, or call the IPOne Call Center and ask them to send the form by mail. The IP should complete the form and return it by fax or U.S. mail as noted at the bottom of the form. The form is followed by a guide explaining the tax exemptions for which the IP may qualify. The IP must file one form for each client/employer for whom they work.

The Exemption Form looks like this:

SAVE TIME AND SUBMIT THIS FORM ONLINE AT: [WEB ADDRESS]

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

State Worked: WASHINGTON Program: PCSS

Client / Employer Name:

Individual Provider / Employee Name:

Individual Provider / Employee Date of Birth: / /

Employees providing domestic services, such as personal assistance, may be exempt from paying certain federal and state taxes based on the employee's age, student status, or family relationship to the employer. In some cases, the employer may also be exempt based on the employee's status. If you and your employer qualify for these exemptions you must take them. PCG Public Partnerships will determine the tax exemptions that apply to you and to your employer (see enclosed guidelines). Employee - Please answer all the following questions based on your age, student status, and relationship to the employer.

1. Are you a non-resident alien temporarily in the United States on an F-1, J-1, M-1, or Q-1 visa admitted to the US for the purpose of providing domestic services?  
 Yes, that description fits my status.  
 No, that description does not fit my status.

2. Are you the child of the employer (includes adopted children)?  
 Yes, my employer is my parent (mother or father).  
 No, my employer is not my parent.

3. Are you the spouse of the employer?  
 Yes, my employer is my spouse (husband, wife).  
 No, my employer is not my spouse.

4. Are you the parent of the employer (includes adopted children)?  
 Yes, my employer is my son or daughter.  
 No, my employer is not my child.

5. If you answered "Yes" to Question 4, check any of the following that apply. If you answered "No", proceed to Question 6.  
 Yes, I also provide care for my grandchild or step-grandchild in my child's home.  
 Yes, my grandchild or step-grandchild is under age 18, or has a physical or mental condition that requires personal care of an adult for at least four continuous weeks during the calendar quarter in which services are performed.  
 Yes, my child (son or daughter) is widowed or divorced and not remarried, or living with a spouse who has a mental or physical condition which prohibits the spouse from caring for my grandchild for at least four continuous weeks during the calendar quarter in which services are performed.



6. Are you under the age of 18 as of you turn 18 this calendar year?  
 Yes, I am under 18 or am turning 18 this calendar year.  
 No, I am over 18.

If you answered "Yes" to Question 6, answer the following question. If you answered "No", skip this section.  
 Is the performance of household services (personal assistance) your principal occupation? Note: Do not answer "Yes" if you are a student.  
 Yes, performing household services is my principal occupation.  
 No, performing household services is not my principal occupation, or I am a student.

IMPORTANT: You must notify PCG Public Partnerships if your status changes.

Employee Signature: \_\_\_\_\_ Date: / /

Return this form by fax or mail:

  Toll-free FAX 1-800-772-1213

Public Partnerships, LLC  
 via PCSS  
 7776 S Pointe Plaza W, Suite 150  
 Phoenix, AZ 85044



### **Verify Tax Information:**

Users can view taxes deducted from paychecks by looking at:

- An IP's electronic Earnings Statement on the IOne portal; or,
- An IP's paper Earnings Statement, if these are received in the mail.

An IP can contact the IOne Call Center if they have questions about the Form W-4 or the Application for Tax Exemptions form.

**REMINDER:** IOne staff cannot give tax advice. Please consult a tax advisor for questions on withholdings and exemptions.