ALLELUIA

Financial Management System
Provider Information Form

Participant Name: _____ UCI# _____

If Participant is over 18 years of age/Conserved: ☐ Yes ☐ No

Conservator/Parent Name: _____

Address: _____

Email: _____Phone number: _____

Participant Regional Center: _____Service Coordinator: _____

Provider Name: _____ Phone: _____

Provider Email: _____ Primary Language: _____

Relationship to Participant (if any): _____

Provider Address: _____

Social Security #: _____ Date of Birth: _____

State or Government Issued ID#: _____

Expiration Date: _____ Provider's Gender: ☐ Male ☐ Female

Services to be provided in the Sellf-Determination Program:

Service Code: _____ Service Category: _____

License or Certification: _____

Number of hours/week or Month: _____ Setting Type: _____

HCBS Compliant: ☐ Yes ☐ No ☐ N/A

Contracted Rate: _____ Service Start Date: _____

(Some cities or municipalities may require a higher min. wage than CA state baseline.)

The fine print - under IRS guidelines, Publication 15 (Circular E) Section 3, employees are not subject to Social Security, Medicare and federal unemployment tax (FUTA) if these relationships exist. The exemptions are as follows:

A. Child employed by parents – Payments for work other than in a trade or business, such as domestic work in the parent's private home, are not subject to Social Security, Medicare, and FUTA tax until the child reaches age 21. (*IRS Pub.15, Section 3, Paragraph 1)*

B. One spouse employed by another – Payments for services of one spouse employed by another in other than a trade or business, such as domestic service in a private home, are not subject to Social Security, Medicare, and FUTA tax. *(IRS Pub. 15, section 3, Paragraph 2*)

C. Parent employed by child – Payments for the services of a parent employed by his or her child in other than a trade or business, such as domestic services, are not subject to Social Security, Medicare and FUTA tax as long as the above conditions apply. (*IRS Pub. 15, Section 3, Paragraph 4*)

The State of California follows the federal guidelines in applying liability for state unemployment tax (SUTA). If the Provider is exempt from Social Security, Medicare, FUTA and SUTA, the Participant will not be charged for their share of Social Security and Medicare or FUTA and SUTA (and ETT, linked to SUTA) withholdings.

Employer and Worker Exemptions
If Employee is a Foreign Student on VISA in US for Purpose of Providing Domestic Service **(FICA & FUTA exempt)**
If Employee is a Child Under 21 Employed by Parent **(FICA, FUTA & SUTA exempt)**
If Employee is a Spouse Employed by Spouse **(FICA, FUTA & SUTA exempt)**
If Employee is a Parent Employed by Child and Not Also Caring for Grandchild **(FICA, FUTA & SUTA exempt)**
If employee is a Parent Employed by Child and Caring for Grandchild **(FUTA & SUTA exempt)**
If Employee is Under 18 Who is Also a Student **(FICA exempt)**
All other non exempt

Please read each paragraph below.

I understand that Alleluia FMS LLC (AFMS)'s status in this matter is limited to that of a payroll processing company and, according to the IRS, AFMS is the Employer of Record ("EOR") (which is why certain tax documentation may list AFMS as the employer). However, Alleluia FMS LLC is not my employer outside of its role as EOR, because:

• My work as a Provider is only for the benefit of the participant and his or her family; my work does not benefit AFMS in any way.

• AFMS has no right or ability to direct or supervise the tasks that I perform for the participant or discipline me in any way; my work and tasks are directed by the participant, his or her family, and the Regional Center.

• AFMS has no ability to determine the number of hours that I am authorized to work, those are determined by the Regional Center.

• AFMS does not provide me with any tools or equipment, does not tell me what to wear to work or what time I should be there.

• AFMS does not have the right or ability to cause me to work, or prevent me from working; the participant and his or her family are the only ones who can hire or fire me, or cause me to work or not work. However, in order for AFMS to serve as an Employer of Record, I must meet the requirements of the screening process (including, but not limited to, employment eligibility and the background check if applicable) set forth by the Regional Center and Title 17 Regulations. Additionally, AFMS may cease being my Employer of Record if I do not follow the rules and regulations set forth by the Regional Center and Title 17 Regulations

My signature below certifies that I have read and fully understand the information included on this Provider Information Form and agree to the terms and conditions outlined in this document.

_____

(Signature of Participant, Conservator or Legal Guardian of Participant)

_____ _____

Signed by (print name) *Date*

_____

(Signature of Provider)

_____ _____

Signed by (print name) *Date*