

Dear Provider:

At this time, no tax withholdings against your wages have been entered. If you would like taxes to be withheld from your paychecks, please fill out the enclosed Form W-4 and make sure the following has been recorded accurately:

STEP 1:

- (a) Your full name and complete home address are entered including city, state, zip
- (b) Your social security number is entered
- (c) You have marked your filing status (pick one):
Single or Married filing separately; Married filing jointly; or Head of household

STEPS 2-4:

Complete these steps only if they apply to you. See page 2 of the W-4 for more information about each step and instructions on if these apply to your situation or not.

From W-4 Page 2 section titled "Exempt from withholding":

"...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..."

STEP 5:

Please make sure you have signed and dated the form.

MUST BE WET SIGNATURE NO ELECTRONIC SIGNATURES OR COPIES ACCEPTED

EMPLOYERS ONLY SECTION:

Employer's Name and Address:

Write in your IHSS Recipient's FULL NAME and HOME address.

First date of employment:

Write in the date that you began working for your Recipient.

Employer identification number (EIN):

Write "31- " then your Recipient's IHSS Case number (7 digits).

If you don't know this information, please ask your Recipient.

*If you do not complete the W-4 form correctly, **you will be liable for the tax consequences.** Please contact a tax professional to make sure you are completing this correctly and accurately the first time. County staff are not tax professionals. For questions regarding the processing of your form, please call IHSS Payroll at (530) 889-7135.*

Please mail your original back to Placer County in the return envelope provided to you.

**If the form has been rejected and returned to you for corrections,
please mail all subsequent submissions directly to the state at:**

DXC/IHSS IHSS Payroll Management Unit
PO Box 1660; West Sacramento, CA 95691-6660