COUNTY OF Placer PUBLIC AUTHORITY

Dear Provider:

Thank you for completing the Independent Provider process. At this time, no withholdings against your wages have been entered. Please fill out the W4 enclosed and make sure the following has been recorded accurately:

STEP 1 -

(a) Your full name is entered
- Your complete home address is entered along with city, state, zip

(b) Your social security number is entered

(c) You have marked your filing status (pick one): Single, Married, or Married withhold higher

STEP 2 – Complete this step if you have multiple jobs or your spouse works. See page 2 instructions on if this applies to your situation or not. Please consult tax professional if you have questions.

STEP 3

- Please make sure you have signed the form and dated it. *MUST BE WET SIGNATURE NO ELECTRONIC SIGNATURES ACCEPTED*
- EMPLOYER INFO: Write in your Recipients FULL NAME, write your start date, write 31- (and case#) – you do not have to write-in the Recipients address.
- If you do not file the W4 correctly, you will be liable for the tax consequence. Please contact a tax professional to make sure you are completing this correctly and accurately the first time.
  - ***Incomplete W4s will be rejected by the state, and IHSS Payroll will issue you one (1), replacement. After that, you as the provider will need to submit all corrections directly to the state.***

Please mail the original to payroll, and corrections to the state.
No copies will be submitted.

Mail FIRST W4 to:	**If Rejected - Mail ALL Corrected W4 to:**
IHSS Payroll	**DXC/IHSS IHSS Payroll Management Unit**
11512 B. Avenue	**PO Box 1660**
Auburn, CA 95603	**West Sacramento, CA 95691-6660**

We are not tax professionals, please consult tax professional if you have questions. For Processing instructions questions, please call Payroll at (530) 889-7135.