



December 18, 2020

Dear IHSS/WPCS Live-In Provider,

You recently received a communication stating that beginning in January 2021, In-Home Supportive Services (IHSS) and Waiver Personal Care Services (WPCS) providers who live with their recipient will no longer be required to complete the three new Electronic Visit Verification (EVV) fields on the IHSS timesheet: start time, end time and location.

As explained in the prior letter, if you are a live-in provider who has already completed an *IHSS and WPCS Program Live-In Self-Certification Form for Federal and State Tax Wage Exclusion (SOC 2298)*, the Electronic Services Portal (ESP) and Telephone Timesheet System (TTS) will automatically exclude you. **For pay periods after January 1, 2021**, you will only report the daily hours you worked on your timesheet, and you will fill out your timesheet the same way you did before EVV was implemented.

If you live with your recipient and have not completed the SOC 2298, you will have to identify yourself as a live-in provider whenever you complete a new timesheet. **The change is not automatic.** Both the ESP and TTS will prompt you to identify yourself as a live-in provider every time you select a timesheet for a new pay period. Once you self-certify, the system will provide the timesheet without the EVV fields for you to fill out.

To make it easier, you may want to submit the SOC 2298 through the ESP or through the paper form. If you submit the SOC 2298 you will be automatically exempt from EVV and your wages will be exempt from income taxes. You may still qualify for Earned Income Tax Credit. **If you do not identify yourself as a live-in provider or submit an SOC 2298, you will still have to complete the EVV fields: start time, end time and location.**

All IHSS/WPCS providers are still required to complete timesheets electronically through the ESP or the TTS. If you work for multiple recipients, you are only excluded from the EVV requirements for any recipient for whom you have self-certified that you are their live-in provider. *You will still be required to complete all EVV fields on timesheets for recipients with whom you do not live.*

Sincerely,

The California Department of Social Services

Live-In Provider Self-Certification Information

Attention In-Home Supportive Services (IHSS) and/or Waiver Personal Care Services (WPCS) Provider:

In January 2017, the California Department of Social Services (CDSS) began allowing IHSS and WPCS providers to self-certify whether they live in the same home with the recipient for whom they provide services.

Under [Internal Revenue Service \(IRS\) Notice 2014-7](#), the wages received by WPCS providers who live with the recipient of those services are not considered part of gross income for purposes of Federal Income Tax (FIT). On March 1, 2016, CDSS received a ruling from the IRS that IHSS wages received by IHSS providers who live in the same home with the recipient of those services are also excluded from gross income for purposes of FIT. This ruling applies to State Income Tax (SIT) as well.

How Do I Exclude My Wages from FIT and SIT?

Beginning January 2017, you have the option to self-certify your living arrangements to exclude IHSS/WPCS wages from FIT and SIT by sending the [Live-In Self-Certification Form \(SOC 2298\)](#). All requested information on the form must be provided and the form must include your signature and the date you signed the form.

Do I need to submit a SOC 2298 for State and Federal separately?

No. You will not have to send a separate certification form, SOC 2298, for each taxing agency.

What Do I Do For Wages Paid Before My Self-Certification Form Is Received?

Your W-2 Form for past year wages paid prior to 2017, or for 2017 wages paid prior to the receipt and processing of your Self-Certification form will not be amended. Providers are encouraged to consult with a tax advisor or contact the IRS directly with questions.

Do I need to file a Live-In Self-Certification Form every year?

Your exclusion from FIT and SIT will continue each year you continue to work for, and live with, your recipient and you will not need to re-certify every year.

What happens if I stop living with the recipient?

If your living arrangements change and your recipient no longer lives with you but you continue to provide care to the recipient, you should file a [Live-In Self-Certification Cancellation Form \(SOC 2299\)](#) with the Processing Center. In addition, you should file [SOC Form 840](#) (change of address) with the IHSS County Office.

What do I do if I live with more than one recipient?

If you work and reside with more than one recipient, you must complete and submit a separate Live-In Self-Certification Form for each recipient.

When can I expect my Live-In Self-Certification Form To Be Processed?

Your wages will continue to be included as federal and state taxable wages until a correct and

fully completed Live-In Self-Certification Form is processed.

It may take up to 30 days from the time you send your completed Live-In Self-Certification Form to be processed before your wages begin to be excluded from FIT and SIT.

Why does my W2 show no wages in {box 1} or State Wages in {box 16}?

If you are a Live In Provider who filled out a SOC 2298 your IHSS wages are not reported as income.

I filled out a SOC 2298. Why does my W2 show income in box 3 (FICA) and 5 (Medicare)?

The SOC 2298 only applies to Federal and State wages, it doesn't apply to FICA and Medicare.

What if I have tax questions?

Unfortunately, we cannot provide any tax advice, please contact the IRS or your tax preparer.

Please Note: CDSS and County staff are not tax consultants and cannot assist you with the IRS exclusion or how to file amended tax returns. Please contact the IRS or your Tax Preparer for questions or how to file an amended return for past years. For more information, please visit the IRS website (www.irs.gov).

The Difference Between Tax Documents **W4 form and Live-In Self-Certification**

If you are a provider that lives with your recipient, you have a choice to fill out a W4 and/or a SOC 2298 Self-Certification form.

This decision is up to you, on which one you file or if you file both. Please research the SOC 2298 Self-certification form. If you elect to mail in the Self-Certification form, it will override any tax forms that you have mailed in previously, that is related to your employment with the one recipient listed on the form.

If you do not wish to mail in the SOC 2298, then you may need to mail in a W4, to provide the state with your tax information. For mailing address for your W4, please follow the W4 instructions you were given at enrollment.

Mail the completed Self-Certification

SOC 2298 form directly to:
IHSS-IRS Live-In Self Certification
PO Box 1677
West Sacramento, CA 95691-6677

If your living situation changes and you are no longer living with your recipient:

- You must file a SOC 2299 to remove the tax exemption.
- You should mail in a current year W4 to the state, to update your tax information.
- If you do not update the state with these forms, you are liable for the tax consequences.
- You must also fill out and return a Change of Address SOC 840 form to the county
- You may also file a SOC 2299 if you wish to remove the tax exemption even if you are still living with your recipient.

For more information please visit: <https://www.cdss.ca.gov/inforesources/ihss/live-in-provider-self-certification>

Please Note: CDSS and County staff are not tax consultants and cannot assist you with the IRS exclusion or how to file amended tax returns. Please contact the IRS or your Tax Preparer for questions or how to file an amended return for past years. For more information, please visit the IRS website (www.irs.gov).

IMPORTANCE OF MAILING IN A W4 FORM

The person's relationship to the Recipient plays a role in determining if they need to mail in a W4 form, even if you are planning on filing a self-certification form SOC 2298. Although, the relationship, is not the **ONLY** factor in determining if a provider should mail in a W4 form.

- If the provider is the parent of the Recipient and they live with together, the provider has an option to mail in a W4 form, even if plan on sending in a self-certification form SOC 2298, because they **may be** subject to FICA taxes.
- If the provider is not the parent, no matter the relationship they have with the Recipient, they **CAN** also mail in a W4 form, even if they plan on sending in a self-certification form SOC 2298.
 - If the state does not get a W4 form, then the provider is not paying into FICA, MEDICARE or SDI/SSI. Their pay stubs will show gross and net being the same an no taxes coming out at all.
- Providers are still subject to tax rules to pay into FICA, Medicare and SDI/SSI, this **may not** apply to them if they are the parent of the Recipient.

Will the provider get a W2 at the end of the year?

- If the parent provider and did not mail in a W4 form, they will **NOT** get a W2, whether they mailed in a self-certification form SOC 2298 or not.
- If the parent provider mailed in a W4 form, they **WOULD** get a W2, **IF** they were subject to FICA taxes.
- If the provider never mailed in a W4 form, no matter the relationship to Recipient, they would **NOT** get a W2, but still **MAY BE** subject to FICA taxes.
- If the provider mailed in a W4 form and a self-certification form SOC 2298, they **WOULD** get a W2.
- If the provider did not mail in a W4 form, and mailed in a self-certification form SOC 2298, they will **NOT** get a W2

Please Note: CDSS and County staff are not tax consultants and cannot assist you with the IRS exclusion or how to file amended tax returns. Please contact the IRS or your Tax Preparer for questions or how to file an amended return for past years. For more information, please visit the IRS website (www.irs.gov) or <http://www.udwa.org/wp-content/uploads/2018/02/IHSS-W-2-doc.pdf>.

If you have processing questions for the county:

IHSS Payroll at (530) 889-7135 / Email IHSSPayroll@placer.ca.gov

IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM AND WAIVER PERSONAL CARE SERVICES (WPCS) PROGRAM LIVE-IN SELF-CERTIFICATION FORM FOR FEDERAL AND STATE TAX WAGE EXCLUSION

Provider Name	Recipient Name
Provider Number	Recipient Case Number
County Of Residence	

**ALL INFORMATION MUST BE COMPLETED IN ENGLISH.
SEE PAGE 2 FOR INSTRUCTIONS.**

Provider Self-Certification

By completing this form, you are certifying that the wages you receive for providing IHSS and/or WPCS services to the recipient named above will be excluded from your federal and state personal income taxes.

Under penalties of perjury, I declare that I am a provider receiving payments under the IHSS and/or WPCS programs for care I provide to _____, who lives with me in the same home.

Provider Signature:	Date of Signature:
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RETURN COMPLETED FORM TO:

IHSS – IRS Live-In Self-Certification
P.O. Box 1677
West Sacramento, CA 95691-6677

Instructions for filling out the Live-In Self-Certification Form

1. All requested information must be entered in English on the form in the designated area.
2. You must sign the form on the designated line.
3. You must provide the date the form was signed on the designed line.
4. Only use black ink and please print clearly.
5. Do not wrinkle or staple the form.
6. Provider Name: Enter your name as it appears on your IHSS paperwork.
7. Provider Number: May be found on your IHSS paperwork – (Provider Notification of Recipient Authorized Hours and Services and Maximum Weekly Hours, Provider Timesheet, etc.).
8. Recipient Case Number: May be found on your IHSS paperwork – Provider Notification of Recipient Authorized Hours and Services and Maximum Weekly Hours, Provider Timesheet, etc.
9. Recipient County of Residence: Please enter the county where you and your Recipient reside.