# Florida Association of Centers for Independent Living
# James Patrick – Personal Attendant Services Program
# PCA Tax Payment Reporting Form

JPPAS Participant: _____

PCA Name: _____

**Gross Pay Amount** **$** _____

FICA Withheld: _____

Social Security Withheld: _____

Medicare Withheld: _____

Other:_____ _____

**Total Taxes withheld:** **(-)** _____

**Net Pay Amount (=)** **$** _____

I attest the above information is true and correct to the best of my knowledge. Total taxes withheld from the PCA paycheck as indicated above is reported and paid to the appropriate agency as required by the agency.

_____ _____

Signature of PCA Date

_____ _____

Signature of JP-PAS Participant Date