



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 \$ _____

Federal Tax Withheld (if requested): _____

Social Security Withheld (6.2%): _____

Medicare Withheld (1.45%): _____

Other: _____

Total Taxes withheld: (-) _____

Net Pay Amount (=) \$ _____

Signature of PCA

Date

Signature of JP-PAS Participant

Date

I attest that all of the information submitted with this request for reimbursement from the JPPAS program is true and correct. I am aware that submitting false information to support this request is considered fraud and is grounds for termination from the program and other legal action that may be warranted.

Please read the current IRS Publication 926 - **Household Employer's Tax Guide** - for the latest information in deciding on whether or not to fill out this form.