Dear Provider:

Welcome aboard! You have received this packet because you have and may continue to provide services as an agency or as an independent contractor to participants enrolled in the Kansas WORK Program through UnitedHealthcare, Inc., a managed care organization. United has selected Public Partnerships, LLC as its new Fiscal Employer/Agent. Payments previously made to you on behalf of KDHE by PPL will now be made on behalf of United. Services provided on or after October 1st, 2013 may be invoiced to Public Partnerships, LLC.

Please sign and return the enclosed forms as soon as possible. Services will not be paid until the required completed forms are received. Public Partnerships, LLC will issue checks based on the invoices received and as they have been identified in the WORK participants’ budgets. If you have any questions, please call us at (877) 908-1747.

Paychecks will not be issued until PPL has received these forms.

1. IRS W-9 Form. Request for Taxpayer Identification Number and Certification. This form is used to verify your name and Taxpayer Identification Number (TIN). This TIN is used to report to the IRS income that has been paid to you.

2. Vendor Information Form. This form will provide Public Partnerships, LLC with the accurate vendor information.

As the Fiscal Employer/Agent, PPL will:

- Maintain a database of approved providers, tax filing status, authorized services, and established service rates
- Establish direct deposit or electronic funds transfer (EFT) for provider convenience and prompt payment
- Pay agency providers and independent contractors within net-30, based on accurate submission of invoices, and subject to United’s approval and authorized/available funds
- Provide supporting documentation for payments made
- Reissue lost or cancelled checks
- Accept refunds from providers in the event of overpayment
- Report medical and health care payments that meet the reporting threshold (currently $600), as miscellaneous income on IRS Form 1099 for all payments with the exception of payments for drugs, goods, and reimbursements, and payments to non-profit entities.

**Who is responsible for submitting invoices?**

It is your responsibility as the provider to submit invoices directly to Public Partnerships, LLC. Invoices are paid on a biweekly payroll schedule. All invoices are due within 30 days of the month of service. Any invoices that are submitted more than 30 days after the month of service may not be paid. All invoices submitted more than 60 days after the month of service cannot be paid.

**What taxes will be withheld? Will I see them on my payment stub?**

As a 1099 tax status agency or independent contractor you will not have any taxes withheld from your paycheck.

**Are there other forms I need to review?**

Yes. We have enclosed the following forms for your review:

- **Optional Direct Deposit form.** If direct deposit is desired, please complete the enclosed form and return it to PPL. Note that payment via direct deposit is often faster than payment via paper check.

- **Agency Invoice.** Please submit the invoice by fax or mail.

- **Agency Invoice Instructions and Service Code Descriptions.** Public Partnerships, LLC has provided a list of payable WORK service codes. Please review this document for accurate submission of your invoice.

For additional invoice forms, please visit our website at: https://www.publicpartnerships.com/, go to the Kansas WORK Program-United page. You may also call customer service to request additional copies.

**Public Partnerships, LLC encourages you to call us at (877) 908-1747 if you have any questions.** Public Partnerships, LLC staff is available to help walk you through the forms over the phone. We look forward to working with you.
Please complete the fields below if you intend to provide services to United members enrolled in the Kansas WORK Program.

Provider Name: ______________________________________

Contact Name (if applicable): ___________________________

Address: ____________________________________________
____________________________________________________

City: _______________ State: _______ Zip: ____________

Phone Number: ________________________________

Fax Number: ________________________________

E-mail Address: ________________________________

Tax ID/EIN: ______________________________________

Indicate whether you are:

□ Agency, Organization or Company, OR
□ Independent Contractor - If so, list Date of Birth:* ___/___/_____

* Individuals providing services to WORK participants must be at least 16 years of age.

If you indicated “Agency, Organization or Company,” are you a Non-Profit?

□ Yes
□ No

If you answered “Yes” to Non-Profit above, please send proof of Non-Profit to:

Attn: KS WORK United
Public Partnerships, LLC
1 Cabot Road, Suite 102
Medford, MA 02155

If you answered “No”, please complete the W-9 form provided in this packet.

REMEMBER: Workers compensation is a required insurance plan provided by employers to pay employee benefits for job related injuries, disability or death. The current workers compensation law (K.S.A. 44-505) covers all Kansas employers except for those in certain agricultural areas or those with a gross annual payroll of less than $20,000. As an employer, you are required to file an injury report within 28 days of learning of an employee’s injury or death, and you must also provide written information to the employee with available benefits, a contact for workers compensation claims and the process.
What is it for?
This form tells the IRS that you are an independent contractor and is used to verify your name and Taxpayer Identification Number (TIN). This TIN is used to report to the IRS income that has been paid to you.

Where do I get a TIN?
For individuals who have a Social Security Number (SSN), your SSN is your TIN. Enter this in the SSN field. If you are a resident alien and you do not have, and are not eligible for, a SSN, your TIN is your IRS Individual Taxpayer Identification Number (ITIN). You should enter this number in the SSN field.

What if I am an independent contractor and I have an FEIN?
If you have a Federal Employer Identification Number (FEIN), you may enter either your SSN or FEIN; however, the IRS prefers that you use your SSN.

What if I don’t have either an SSN or an ITIN?
If you do not have a SSN or an ITIN, write “Applied for” in the space for the TIN. You should then apply for a SSN by completing Form SS-5, Application for a Social Security Card. This is available at your local Social Security Administration office or online at www.socialsecurity.gov. If you are a resident alien and are not eligible to obtain a SSN, you will need to apply for an ITIN on Form W-7, Application for IRS Individual Taxpayer Identification Number. If you have an application pending for a SSN, simply write “Applied for” in the space for the TIN.

What lines do I complete?
You need to complete the top part of the form that asks for your demographic information. You should then complete Part I and sign and date in Part II.
**Form W-9**

## Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

<table>
<thead>
<tr>
<th>1</th>
<th>Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Business name/disregarded entity name, if different from above</td>
</tr>
<tr>
<td>3</td>
<td>Check appropriate box for federal tax classification; check only one of the following seven boxes:</td>
</tr>
<tr>
<td></td>
<td>☐ Individual/sole proprietor or ☐ S Corporation ☐ Partnership ☐ Trust/estate</td>
</tr>
<tr>
<td></td>
<td>☐ Single-member LLC ☐ C Corporation ☐ Other (see instructions)</td>
</tr>
</tbody>
</table>

**Note.** For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. |

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): |

- Exempt payee code (if any) |
| Exemption from FATCA reporting code (if any) |

5 Address (number, street, and apt. or suite no.)

6 City, state, and ZIP code

7 List account number(s) here (optional)

### Part I  Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

| Social security number |
| ☐ ☐ ☐ ☐ |
| ☐ ☐ ☐ ☐ |

**Or**

| Employer identification number |
| ☐ ☐ ☐ ☐ |
| ☐ ☐ ☐ ☐ |

### Part II  Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.
Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify to the requester that you are not subject to backup withholding under paragraph 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

What is FATCA reporting?
The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See Exemption from FATCA reporting code on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information
You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation; or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties
Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $50 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1
You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose name you entered in Part I of Form W-9:

a. Individual. Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the change, enter your first name, the last name as shown on your social security card, and your new last name.

b. Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ you filed with your application.

c. Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation. Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

d. Other entities. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a “disregarded entity.” See Regulations section 301.7701-2(c)(2)(iii). Enter the owner’s name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. “Business name/disregarded entity name.” If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.
Line 2
If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3
Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC)**. If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the “Limited Liability Company” box and enter “P” in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the “Limited Liability Company” box and in the space provided enter “C” for C corporation or “S” for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the “Limited Liability Company” box; instead check the first box in line 3 “Individual/sole proprietor or single-member LLC.”

Line 4, Exemptions
If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
2—The United States or any of its agencies or instrumentalities
3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
5—A corporation
6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
7—A futures commission merchant registered with the Commodity Futures Trading Commission
8—A real estate investment trust
9—An entity registered at all times during the tax year under the Investment Company Act of 1940
10—A common trust fund operated by a bank under section 584(a)
11—A financial institution
12—A middleman known in the investment community as a nominee or custodian
13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed, above 1 through 13.

**IF the payment is for . . .**

**THEN the payment is exempt for . . .**

<table>
<thead>
<tr>
<th>Type of Payment</th>
<th>Exemption Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend payments</td>
<td>All exempt payees except for 7</td>
</tr>
<tr>
<td>Broker transactions</td>
<td>Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.</td>
</tr>
<tr>
<td>Barter exchange transactions and payments made in settlement of payment card or third party network transactions</td>
<td>Exempt payees 1 through 4</td>
</tr>
<tr>
<td>Payments over $600 required to be reported and direct sales over $5,000</td>
<td></td>
</tr>
<tr>
<td>Generally, exempt payees 1 through 5</td>
<td></td>
</tr>
</tbody>
</table>

1—A trust exempt from tax under section 664 or described in section 4947
2—A real estate investment trust
3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
4—A corporation
5—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
6—A futures commission merchant registered with the Commodity Futures Trading Commission
7—A real estate investment trust
8—A financial institution
9—A middleman known in the investment community as a nominee or custodian
10—A trust exempt from tax under section 664 or described in section 4947

The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
B—The United States or any of its agencies or instrumentalities
C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
G—A real estate investment trust
H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
I—A common trust fund as defined in section 584(a)
J—A bank as defined in section 581
K—A broker
L—A trust exempt from tax under section 664 or described in section 4947
M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5
Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6
Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)
Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see Limited Liability Company (LLC) on this page), enter the owner’s SSN (or EIN, if the owner has one). Do not enter the disregarded entity’s EIN. If the LLC is classified as a corporation or partnership, enter the entity’s EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for a SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write “Applied For” in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering “Applied For” means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-9.

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1 See Form 1099-MISC, Miscellaneous Income, and its instructions.
Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. “Other payments” include payments made in the course of the requester’s trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA, or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and SSN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Individual</td>
<td>The individual</td>
</tr>
<tr>
<td>2. Two or more individuals (joint account)</td>
<td>The actual owner of the account or, if combined funds, the first individual on the account</td>
</tr>
<tr>
<td>3. Custodian account of a minor (Uniform Gift to Minors Act)</td>
<td>The minor</td>
</tr>
<tr>
<td>4. a. The usual revocable savings trust (grantor is also trustee)</td>
<td>The grantor-trustee¹</td>
</tr>
<tr>
<td>b. So-called trust account that is not a legal or valid trust under state law</td>
<td>The actual owner²</td>
</tr>
<tr>
<td>5. Sole proprietorship or disregarded entity owned by an individual</td>
<td>The owner²</td>
</tr>
<tr>
<td>6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(ii)) (A)</td>
<td>The grantor³</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>For this type of account:</th>
<th>Give name and EIN of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>7. Disregarded entity not owned by an individual</td>
<td>The owner</td>
</tr>
<tr>
<td>8. A valid trust, estate, or pension trust</td>
<td>Legal entity⁴</td>
</tr>
<tr>
<td>9. Corporation or LLC electing corporate status on Form 8832 or Form 2553</td>
<td>The corporation</td>
</tr>
<tr>
<td>10. Association, club, religious, charitable, educational, or other tax-exempt organization</td>
<td>The organization</td>
</tr>
<tr>
<td>11. Partnership or multi-member LLC</td>
<td>The partnership</td>
</tr>
<tr>
<td>12. A broker or registered nominee</td>
<td>The broker or nominee</td>
</tr>
<tr>
<td>13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments</td>
<td>The public entity</td>
</tr>
<tr>
<td>14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(ii)) (B)</td>
<td>The trust</td>
</tr>
</tbody>
</table>

¹ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships on page 2.

² Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, and other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishingtips.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.
PAYMENT BY DIRECT DEPOSIT
INFORMATION GUIDE

Toll Free Numbers:
Phone: 877-908-1747
TTY: 800-360-5899
Admin Fax: 855-344-5443

Direct Deposit is the fastest and safest way to receive payment from Public Partnerships, LLC (PPL) for
delivery of services to WORK program participants.

You can choose to have your payment directly deposited into your checking account, savings account, or to a
pay card of your choice. To sign up for Direct Deposit, review the three steps below and complete the Direct
Deposit application. If you have any questions, contact PPL Customer Service toll free at 1-877-908-1747.

1. MEET DIRECT DEPOSIT REQUIREMENTS

You may receive Direct Deposit payroll payments if you meet the following requirements:

1. You must complete the Direct Deposit Application. The person filling out the form must have the
   authority to authorize payment processing to the account listed.

2. You must agree to immediately notify PPL in writing if you change your bank, account number, account
   type, ABA routing number, or contact information. In addition, you may need to submit a new Direct
   Deposit Application form. Failure to comply with notification policies may result in a delay of payment.

2. SUBMIT DIRECT DEPOSIT APPLICATION TO PPL

Complete and sign the Direct Deposit application. You also need to submit account verification documents.
These documents differ depending on the type of Direct Deposit you want to do:

- To Direct Deposit to a checking account, you need to submit a voided check or a letter from
  your bank that states your account number for the account you wish the payment to be
  deposited.
- To Direct Deposit to a savings account, you need to submit a letter from your bank that
  states your account number for the account you wish the payment to be deposited.
- To Direct Deposit to a pay card/debit card, you need to submit documentation from the pay
  card’s enrollment process or the pay card’s financial entity that verifies the account number
  and the routing number you want PPL to deposit funds to.
Please be advised that if you choose this option, PPL is not supporting any particular pay card/debit card financial institution and is not responsible for any fees established by the financial institution. PPL recommends you review all information regarding services fees, transaction limitations, or any other important information pertaining to your pay card prior to enrolling and activating your pay card.

The application and the supporting documents must be sent to:

**Fax: 855-344-5443**

**Mail:**
Public Partnerships, LLC  
Attn: Kansas WORK-United  
1 Cabot Road, Suite 102  
Medford, MA 02155

3. AWAIT CONFIRMATION FROM PPL

Your Direct Deposit account will become active after PPL verifies your account number with your bank or verifies your pay card information. The whole process will take 1 to 2 pay cycles from the time we receive your completed and signed application.

If there is a change in bank account information, your PPL payment account will be taken off Direct Deposit status until the new bank account information is verified. Verification may take a few weeks. You will receive paper checks in the interim period.

The Direct Deposit payment is sent on the day that payroll is run, and should be in your bank account within 24 to 48 hours. Please be aware that bank holidays may delay payment posting. After considering bank holidays, contact PPL Customer Service toll free at 1-877-908-1747 if you don’t receive your payment on time.

4. REMITTANCE ADVICE

Once your Direct Deposit becomes active, you will receive a summary of your payments on a document called a “Remittance Advice” that is mailed to you. This is information that used to show on your check stub.

We hope you enjoy having faster access to your payments!
**DIRECT DEPOSIT APPLICATION**

## CREATE/CHANGE PPL Direct Deposit Account or CLOSE Existing PPL Direct Deposit Account

Check the appropriate box below based on your request.

- [ ] New Direct Deposit Set-up
- [ ] Change Account Number
- [ ] Cancellation Request
- [ ] New Pay Card/Debit Card Set-up
- [ ] Change Account Type
- [ ] Change Financial Institution

## PAYEE INFORMATION

Disclosure of your Social Security Number (SSN) is voluntary pursuant to 42 USC 405c2C. PPL will use to file required information returns to IRS.

1. **Social Security Number (SSN)**
   - [ ] - [ ] -

2. **Payee Name**

3. **Phone**

4. **Payee Address**

5. **City**

6. **State**

7. **Zip**

## AUTHORIZATION FOR SET-UP, CHANGE OR CANCELLATION

I authorize Public Partnerships, LLC (PPL) to process payments owed to me for services authorized by the Kansas WORK United program. Per my request, PPL will deposit my payment directly to my bank or pay card account indicated below using an Automated Clearing House (ACH) transaction. I recognize that if I fail to provide complete and accurate information on this form, processing may be delayed or made impossible, or my electronic payments may be erroneously made.

I authorize PPL to withdraw from the designated account all amounts deposited electronically in error. If the designated account is closed or has an insufficient balance to allow withdrawal, then I authorize PPL to withhold any payment owed to me by PPL until the erroneous deposited amounts are repaid. If I decide to change or revoke this authorization, I recognize that I must forward such notice to PPL. The change or revocation is effective on the day PPL processes the request.

I certify that I have read and agree to comply with PPL rules governing payments and electronic transfers as they exist on the day of my signature on this form or as subsequently adopted, amended, or repealed.

I authorize PPL to stop making electronic transfers to my account without advance notice.

If I choose to have my payments deposited to a pay card or debit card, I accept all responsibility for all terms, conditions and/or fees that may be applicable to my chosen pay card/debit card.

I certify that I am authorized to contract for the entity receiving deposits per this agreement, and that all information provided is accurate.

8. **Signature (Required)**

9. **Title**

10. **Date**

## ACCOUNT DETAIL INFORMATION

11. **Financial Institution Name (My Bank or my Pay Card Bank’s Name)**

12. **Bank Address**

13. **Bank Routing Number**

14. **Account Type:**
   - [ ] Checking
   - [ ] Savings
   - [ ] Pay Card/Debit Card

15. **My Account Number**

16. **Bank City**

17. **Bank State**

18. **Bank Zip**

Mail with VOIODED CHECK or ACCOUNT VERIFICATION to:

Public Partnerships, LLC, ATTN: KS WORK-United, 1 Cabot Road, Suite 102
Medford, MA 02155
Kansas WORK UnitedHealthcare Provider Invoice Instructions and Service Code Descriptions

Please use the Public Partnerships, LLC (PPL) specific Kansas WORK UnitedHealthcare Provider Invoice when submitting for reimbursement for services provided to participants in the Kansas WORK program. PPL cannot guarantee the timely processing of invoices submitted on alternative formats.

PPL will pay agency/vendor providers and independent contractors within 30 days of invoice receipt, dependant on the accurate submission of this invoice form, and subject to UnitedHealthcare approval and authorized and available funds in the WORK participant’s budget.

When completing the invoice form, it is required that you identify on the invoice the service code(s) below that correspond to the services that were provided. In the event that you provide an “Other” service, please include a description of the service on the invoice in the column provided.

<table>
<thead>
<tr>
<th>Service Code Name</th>
<th>Service Code</th>
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<tbody>
<tr>
<td><strong>Personal Assistant Services</strong></td>
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<tr>
<td>Activities of Daily Living (includes bathing, grooming, toileting, eating, transferring, medication, management, &amp; mobility)</td>
<td>ADL</td>
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<tr>
<td>Instrumental Activities of Daily Living (includes shopping, housekeeping, laundry, meal prep, lawn care/snow removal, transportation, &amp; money management,</td>
<td>IADL</td>
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<tr>
<td>Employment Related Support</td>
<td>EMPSUPPORT</td>
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<tr>
<td><strong>Alternative Services</strong></td>
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<td>housekeeping service</td>
<td>HOUSEKEEP</td>
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<tr>
<td>laundry service</td>
<td>LAUNDRY</td>
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<tr>
<td>meal service</td>
<td>MEALS</td>
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<tr>
<td>mowing/snow removal service</td>
<td>SNOWMOW</td>
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<tr>
<td>transportation service</td>
<td>TRANSPORT</td>
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<tr>
<td>employment support</td>
<td>WORKSPRT</td>
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<tr>
<td>emergency monitoring INSTALLATION</td>
<td>MONITORINS</td>
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<tr>
<td>emergency monitoring</td>
<td>MONITOR</td>
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<tr>
<td>Other</td>
<td>OTHER</td>
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Please contact our Toll-Free Customer Service Number: (877) 908-1747 with any questions regarding invoicing.

**All invoices must be submitted within 30 days of the month of service.**
### Agency/Vendor Invoice

<table>
<thead>
<tr>
<th>Participant Last Name</th>
<th>Participant First Name</th>
<th>Participant PPL ID</th>
<th>Date of Service</th>
<th>Service Code</th>
<th># of Units (0.25 increments)</th>
<th>Rate per Unit</th>
<th>Total</th>
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**Invoices can be faxed to:**
1-855-344-5443

**Invoices can be mailed to:**
Public Partnerships, LLC
Attn: KS WORK UnitedHealthcare
1 Cabot Road, Suite 102
Medford, MA 02155

**Invoices can be emailed to:**
pplkswork.UHC.Admin@pcgus.com

**Questions, Call PPL Customer Service:**
1-877-908-1747

The agency/vendor certifies that the representations made in this invoice are true, accurate and correct and that if any statements are willfully false, the agency/vendor may be subject to punishment, including suspension, debarment or disqualification from participating as a vendor in State or Federal programs, as well as criminal sanctions, as may be applicable. The agency/vendor understands that payment of this claim will be from Federal and/or State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.

Note: Invoices must be submitted within 30 days of the month of service.
Public Partnerships, LLC
Kansas WORK UnitedHealthcare Fiscal Management Provider
Independent Contractor Invoice

Note: Invoices must be signed and scanned if you choose to input values electronically

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Note: Invoices must be submitted within 30 days of the month of service.

Invoices can be faxed to: 1-855-344-5443
Invoices can be mailed to: Public Partnerships, LLC Attn: KS WORK UnitedHealthcare 1 Cabot Road, Suite 102 Medford, MA 02155
Invoices can be emailed to: pplkswork.UHC.Admin@pcgus.com

Questions, Call PPL Customer Service:
1-877-908-1747

Participant Signature Line ____________________________
Participant Signature ____________________ Date ____________

The independent contractor certifies that the representations made in this invoice are true, accurate and correct and that if any statements are willfully false, the independent contractor may be subject to punishment, including suspension, debarment or disqualification from participating as a vendor in State or Federal programs, as well as criminal sanctions, as may be applicable. The independent contractor understands that payment of this claim will be from Federal and/or State funds, and that any falsification or concealment of a material fact may be prosecuted under Federal and State laws.