Ohio Department of Medicaid

AFFIDAVIT OF TAX PAYMENT COMPLIANCE
FOR NON-AGENCY-EMPLOYED
HOME CHOICE DEMONSTRATION PROGRAM SERVICE PROVIDERS

1. I, ________________, am a Non-Agency Employed Provider of HOME Choice Demonstration Program services pursuant to Rule 5101:3-51-03 of the Ohio Administrative Code.

2. As a Non-Agency Employed Provider of HOME Choice Demonstration Program services, I am an independent contractor and am responsible for payment of all applicable federal, state, and local income taxes and employment taxes in compliance with federal, state, and local requirements.

3. I understand that federal employment taxes include Medicare and Social Security taxes.

4. I am submitting this affidavit pursuant to the requirements of Rule 5101:3-51-03 of the Ohio Administrative Code.

5. I hereby attest that for the year _________ I have paid all applicable federal, state and local income and employment taxes.

______________________________________________________________________________
Affiant/Provider

______________________________________________________________________________
Provider Address

Sworn before me and signed in my presence (enter date) ________________________________

______________________________________________________________________________
Notary Public
Commission Expires (enter date) ________________________________