

**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*) _____