

Ohio Department of Medicaid

**AFFIDAVIT OF TAX PAYMENT COMPLIANCE  
FOR NON-AGENCY-EMPLOYED  
ODJFS-ADMINISTERED WAIVER SERVICE PROVIDERS**

1. I, \_\_\_\_\_, am a Non-Agency Employed Provider pursuant to Rule 5101:3-45-10 of the Ohio Administrative Code.
2. As a Non-Agency Employed Provider, 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 5101:3-45-10 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

\_\_\_\_\_  
Ohio Medicaid Provider Number

\_\_\_\_\_  
National Provider Identifier Number

\_\_\_\_\_  
Provider's Address

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

\_\_\_\_\_  
Notary Public

Commission Expires (*enter date*): \_\_\_\_\_