

The reason for signing this paper is specific to your tax situation. If you do not have independent knowledge that the payments you make are excludable from gross income under Notice 2014-7, you may rely on tax payers advocate service of your state or on your lawyer or ask your professional to consult IRS tax law department on your behalf or consult your lawyer. This determination is beyond the scope of my practise to determine whther or not you qualify. The written statement by you as signed here under:

Under penalties of perjury, I declare that I am an individual care provider receiving payments under a state Medicaid Home and Community-Based Services waiver program for care I provide to _____ who lives in my home under the care recipient's plan of care. The statement affirm the facts that the IRS section 131-Notice 2014-7 applies to me. If you have any question please take this notice to the state tax payers advocate services or tax lawyers and ask them if you can sign or not. My situation has been same in the past and at present and all of these applies to my situation within the meaning and scope of secition 131-2014 Notice 7 as of today.

Signed: _____ Date: _____

Signed: _____ Date: _____

Signed: _____ Date: _____