

IRIS Adult Family Home Information

**REQUIRED FOR
AFH PROVIDERS**

- Instructions:**
1. Complete only if providing Adult Family Home (AFH) services.
 2. AFH Contact Person signs at the bottom.
 3. **Attach a copy of your current AFH Certificate or your extension letter from the State of Wisconsin. Failure to do so may delay payment.**

Name of Adult Family Home: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Person: _____

Phone Number: (_____) _____ - _____

Email Address: _____

According to § 131 of the IRS tax code, certain foster care payments are not taxable as income. The purpose of this form is to assist iLIFE in determining whether this is the case. If it appears that you qualify, you have the option of requesting that a 1099, or equivalent form, not be prepared at year end by iLIFE for you. However you are responsible for determining whether payments made to you are taxable or not, and paying the taxes on that income if it is taxable. iLIFE will not be held responsible for any taxes, interest or penalties on income paid to you.

Please answer all of the questions noted below or the form will be returned to you. If you do not complete this form or if iLIFE does not receive this form, you may be issued a 1099 at year end. Even if you are issued a 1099 form, it is up to you and your tax advisor to determine if the amount needs to be claimed as taxable income.

1. Are you subject to back-up withholding?
☐ Yes
☐ No
2. How is your business organized?
☐ Individual/Sole Proprietor
☐ Corporation
☐ Partnership
☐ LLC
☐ Other, please specify: _____
3. Is the Adult Family Home also your primary home?
☐ Yes
☐ No
4. Number of adult clients, please specify number _____
5. Do you provide respite care?
☐ Yes
☐ No
6. I am requesting that iLIFE not issue a 1099-Misc, or equivalent form, as my Adult Living Facility is exempt from state and federal taxes.
☐ Yes
☐ No

I have read and understand the information on this sheet. To the best of my knowledge, the answers that I have provided above are true and correct. I understand that I solely am responsible for determining the taxability and reporting of income. iLIFE will not be held responsible for any taxes, interest or penalties on income paid to me.

AFH Contact Signature: _____ Date: _____