

Parent Self Attestation to utilize in-home license exempt provider

Parent/Guardian's Name:	
Children's names:	
Provider's name:	
 By signing this self-attestation form, I, If I choose to have childcare provided in my home by a p 	
license exempt, I am legally considered the employer of provider. I am responsible for paying my childcare provider state minimum wage, social security tax, Medicare, and compensation insurance for my provider. I may also be runemployment taxes.	the childcare ler at least the state worker's
 I may be required to withhold federal or state income tax childcare provider's earnings. The provider is responsible income and payment of any federal or state income taxe I can learn more about my employer responsibilities by re 2022 California Employer's Guide, developed by the Exercise of the complex of the comple	e for reporting es. eviewing the
 Development Department. Choices For Children is not the childcare provider's empl I have interviewed and approved this childcare provider. 	
For more information about your responsibilities as an employe local office of the Employment Development Department at (88 general information about the local childcare resource and refe may call toll free at (800-KIDS R WE or 800-543-7793)	8-745-3886). For
Parent/Guardian's Name (please printed)	
Parent/Guardian's Signature	Date