



## Relationship Disclosure Form

- Instructions:**
1. This form is for **the employee's relationship to the client**.
  2. Check one relationship type.
  3. Circle Yes or No to the question.
  4. The employee and client sign at the bottom.
  5. Note: It is important to check the correct relationship for Fiscal Agent to file your payroll taxes accurately.

**Employee Name:** \_\_\_\_\_

**Client Name:** \_\_\_\_\_

**Check your legal relationship to the client. Please check only one. For example, if the client is your grandmother, you are the client's grandchild.**

**You are the client's:**

✓	Relationship
<input type="checkbox"/>	*† Parent
<input type="checkbox"/>	* Son/Daughter (18 and older)
<input type="checkbox"/>	*† Son/Daughter (younger than 18)
<input type="checkbox"/>	*† Spouse
<input type="checkbox"/>	*‡ Domestic Partner
<input type="checkbox"/>	* Step Parent
<input type="checkbox"/>	* Step Child
<input type="checkbox"/>	* Adopted Child
<input type="checkbox"/>	* Grandparent
<input type="checkbox"/>	* Grandchild
<input type="checkbox"/>	None of the above

\* Due to your relationship with the client and current legislation, you are exempt from payroll taxes for unemployment insurance (FUTA and SUTA). If your employment with the client is terminated, you will not receive unemployment benefits.

† Due to your relationship with the client and current legislation, you are exempt from payroll taxes for Social Security and Medicare (FICA). By not paying into Social Security and Medicare (FICA), it means you are not earning Social Security work credits. When you work and pay into Social Security, you earn credits toward Social Security benefits. You need a certain number of credits to be eligible for Social Security benefits. For more information, please see IRS Publication 15-Family Employees at [www.irs.gov](http://www.irs.gov).

‡ Per Wis. Statute 770.05, Domestic Partnership means you and your same sex partner have filed for Domestic Partnership, and have a certified copy of your Declaration of Domestic Partnership.

**Circle Yes or No. Does the client for whom you provide nonmedical care live in your home?**    **Yes**    **No**

NOTE: It is the employee's responsibility to notify Fiscal Agent should his or her living situation change.

By signing below, you agree the information on this form is accurate and you have all supporting documentation in your possession.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MCFI – Fiscal Agent**

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