



52007

WORK OPPORTUNITY TAX CREDIT (WOTC) QUESTIONNAIRE

Our company is participating in a Federal jobs tax credit program. The information requested below is strictly confidential and will only be used for the purpose of securing WOTC tax credits. **In compliance with company procedures, completed questionnaires, along with the IRS 8850 forms, should be forwarded to: Walton Management Services, Inc., 3321 Doris Ave., Ocean, NJ 07712**

EMPLOYEE PLEASE COMPLETE BELOW:

First Name

Last Name

Address

City

State Zip Social Security Number - - Date of Birth / /

TO BE COMPLETED BY HIRING MANAGER:

Company:

Location Code:

Location Name:

Start Date: / / Hourly Rate: .

Job Title:

Please check only one answer for each of the following questions:

- 1 a. **Are you age 16 to 24?** (If true please respond to the following):
 - a. True False Not Sure
 - b. In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations. True False Not Sure
 - c. I do not have a High School Diploma or GED certificate. True False Not Sure
 - d. I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate. True False Not Sure
2. Have you or any member of your household received Aid to Families with Dependent Children (AFDC/TANF), Welfare payments, or General Assistance any time during in the last 2 years? Yes No Not Sure

Recipient's Name _____

Recipient's SSN _____ Case # _____

Relationship _____ City/State Where Received _____
3. Have you or any member of your household received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) at any time during the last year? If yes, please provide: Yes No Not Sure

Recipient's Name _____

Recipient's SSN _____ Case # _____

Relationship _____ City/State Where Received _____
4. Have you been convicted of a felony or released from prison in the last 12 months? Yes No Not Sure

Date of Conviction: _____ Date of Release: _____

Parole Officer/Counselor Name: _____

Parole Officer/Counselor Telephone Number: _____
5. Are you currently participating in or have you recently completed a State or Veteran approved Vocational rehabilitation agency or Ticket to Work program? Yes No Not Sure

Name of Agency _____ Tel# _____

Address of Agency _____

Counselor's Name _____
6. **If you are a veteran**, please respond to the following: (Veteran Discharge Date: _____)
 - a. A Veteran who is member of a family who has received food stamps (SNAP)? Yes No Not Sure
 - b. A Veteran certified as entitled to compensation for a service-connected disability? Yes No Not Sure
 - c. A Veteran who was unemployed for at least 4 weeks but less than 6 months during the past year? Yes No Not Sure
 - d. A Veteran who was unemployed for a combined period of six months during the past year? Yes No Not Sure
7. Have you received any SSDI or Supplemental Security Income (SSI) benefits within the last 60 days? Yes No Not Sure

For Office Use Only: 8850 DY ROI St.ROI SSI DD214 AGE ADDR VOC EXF

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Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a** Received SNAP benefits (food stamps) for the past 6 months, **or**
 - b** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ► _____ **Title** _____ **Date** _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

Recordkeeping . . . 6 hr., 27 min.

Learning about the law or the form 30 min.

Preparing and sending this form to the SWA 37 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.