

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

EGG N' JOE

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

OMB No. 1545-1500

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 18 but **not** age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the last 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.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

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 _____



TAX CREDIT QUESTIONNAIRE

Rev. 7/2016

TO BE COMPLETED BY EMPLOYER			
Company	EGG N' JOE		
Location	GILBERT	Start Date:	

TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)

First Name	Last Name	SSN
Are you between the ages of 16 and 39? YES NO If YES:		
Date of Birth (if under 40)	Driver's License Number	State Issued
Have you worked for our company before? YES NO If YES: Month/Year you last worked:		

PLEASE COMPLETE THE INFORMATION BELOW AS YOU WOULD HAVE ON YOUR FIRST DAY OF WORK.

1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance (WELFARE), such as Aid to Families with Dependent Children (AFDC) or Temporary Assistance for Needy Families (TANF)? If YES: YES NO

Primary Recipient's Name	Primary Recipient's SSN	Relation to Yourself SELF PARENT SPOUSE SIBLING OTHER: _____
Date First Received (Month/Year)	Date Last Received (Month/Year)	City/State Where Received

2. Within the past 2 years, have you or any member of your household received FOOD STAMPS, such as Supplemental Nutrition Assistance Program benefits (SNAP)? YES NO

Primary Recipient's Name	Primary Recipient's SSN	Relation to Yourself SELF PARENT SPOUSE SIBLING OTHER: _____
Date First Received (Month/Year)	Date Last Received (Month/Year)	City/State Where Received

3. Have you ever served on active duty in the US Military? If YES: YES NO

Branch of Service (Please Circle One) Army Navy Air Force Marines Coast Guard National Guard	Entry Date (Month/Year)	Discharge Date (Month/Year)
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3a. Are you eligible to receive compensation for a service-connected disability? YES NO

4. Have you been unemployed during the past year? If YES: YES NO

4a. How many months have you been unemployed? _____ months

4b. What was your last day with your previous employer? _____

5. Have you received unemployment benefits (or been eligible to receive unemployment benefits) during the past year? If YES: YES NO

Date Unemployment Benefits were First Received (Month/Year)	Date Unemployment Benefits Last Received (Month/Year)	City/State Where Unemployment Benefits were Received
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6. Have you been convicted of a felony, released from prison for a felony or participated in a work-release program for a felony in the past year: (Do NOT include misdemeanors)? If YES: YES NO

Offense Type (Please Circle One) STATE FEDERAL	Inmate Number	Conviction Date	Release Date
Parole/Probation Officer's Name	Parole/Probation Officer's Phone Number	City/State of Conviction	County of Conviction

7. Within the past 2 years, have you participated in a State or Veterans Affairs Vocational Rehabilitation Program or have you participated in the Ticket to Work Program? (This does not include drug/alcohol rehabilitation.) YES NO

Type of Program STATE VETERAN TICKET TO WORK	Date of Completion	Agency Name
Agency Counselor's Name	Agency Counselor's Phone Number	Agency City/State

8. Within the past 3 months, have you received Supplemental Security Income (SSI) benefits for yourself? SSI benefits are paid to individuals with a disability or are 65 years or older on a limited income. This does not include Social Security or Social Security Disability income (SSDI). YES NO

EMPLOYEE DECLARATION AND RELEASE

By signing this form, I hereby authorize the release to TALX Corporation or the State Department of Labor any information needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding my criminal history, driver records, military service, SSI benefits, vocational rehabilitation participation, AFDC/TANF benefits, food stamp benefits or unemployment benefits. I further authorize TALX Corporation or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

Employee Signature	Date
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SEND COMPLETED 8850, TCQ and SAF TO TALX CORPORATION:

VIA FAX OR VIA E-MAIL OR VIA MAIL

1-800-570-1909

OMAHAWOTC@EQUIFAX.COM

P.O. BOX 6007, OMAHA, NE 68106



LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM Work Opportunity Tax Credit (WOTC) Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: _____ Date: _____

New Hire Name: _____

Social Security Number: _____ -
(Enter last four digits)

Employer Name: _____

Please check the statements below if they apply to you:

- I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.
- I declare that I have been in a period of unemployment since _____
(Enter start date)

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.