

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

OMB No. 1545-1500

► 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.
- 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 _____

TO BE COMPLETED BY EMPLOYER

Company Name 68309 Kaye Personnel, Inc.	Location Number (If Applicable) KAY	Offer Date / /	Start Date / /
--	--	-------------------	-------------------

TAX CREDIT QUESTIONNAIRE

This form is used to identify federal tax credits and is **NOT** intended to determine your work eligibility.

TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)

First Name	Last Name	SSN
Home Address		Date of Birth (if under 40) / /
City	State	Zip Code
Position Applying For	Have You Worked for this Company Before? <input type="radio"/> YES <input type="radio"/> NO	County
		Driver's License or State ID Number State

1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance, such as Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Child Care or Transportation Assistance (CCT) or Food Stamps (FS)? YES Not Sure NO
If YES or Not Sure, please provide the following information:

Primary Recipient (Name and Social Security Number)	Relation to Yourself	City/ State Where Received
Assistance Type: (Check all that apply) <input type="radio"/> AFDC <input type="radio"/> TANF <input type="radio"/> CCT <input type="radio"/> FS	Date First Received (MM/YY)	Date Last Received (MM/YY)

2. Have you ever served on active duty in the US Military? YES Not Sure NO
If YES or Not Sure, please provide the following information:

2b. Are you eligible to receive compensation for a service connected disability? Yes No
 Date Entered (MM/YY)

Branch of Service:
 Army Navy Air Force Marines Coast Guard National Guard
 Discharge Date (MM/YY)

3. Have you ever been convicted of a felony? (Do NOT include misdemeanors) YES Not Sure NO
If YES or Not Sure, please provide the following information:

Parole/ Probation Officer Name	Parole/ Probation Officer Phone Number	Date Convicted (MM/YY)	Date Released (MM/YY)
Offense Type: <input type="radio"/> State <input type="radio"/> Federal	City/State of Conviction	County of Conviction	

4. Have you ever participated in a State or Veterans Affairs Vocational Rehabilitation Program or have you participated in the Ticket to Work program? YES Not Sure NO
If YES or Not Sure, please provide the following information:

Agency Name/Rehabilitation Program/Employment Network	Date Completed (MM/YY)
Agency City	Agency State
Agency Phone Number	

Program type: Vocational Rehabilitation Veterans Affairs Ticket to Work

5. Have you received Supplemental Security Income (SSI) benefits for yourself within the last 3 months? Do NOT include Social Security Disability Income (SSDI). YES Not Sure NO
If YES or Not Sure, please provide the following information: Date Last Received (MM/YY) ____/____/____

6. Have you been unemployed, received Unemployment Benefits or been eligible to receive Unemployment Benefits during the past year? YES Not Sure NO
If YES or Not Sure, please provide the following information:
 How many months in the past year were you unemployed? ____/____/____
 What was your last day of work with your previous employer? (MM/DD/YY) ____/____/____
 Did you receive unemployment compensation? Yes No In what state did you receive unemployment compensation? ____

EMPLOYEE DECLARATION AND RELEASE

By signing this voluntary form, I hereby authorize the release to Equifax Workforce Solutions or its agents information held by any parties 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 services, unemployment benefits, AFDC/TANF benefits or Food Stamp benefits. I further authorize Equifax Workforce Solutions or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

Employee Signature: _____ **Date:** _____

Review for completeness and email to:
 WOTCFORMS@equifax.com or 1-800-570-9830



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: May 31, 2026

**Work Opportunity Tax Credit
LONG-TERM UNEMPLOYMENT RECIPIENT (LTUR)
SELF-ATTESTATION FORM (SAF)**

Instructions: The Self-Attestation Form (SAF) is to be completed, signed, and dated by the applicant / new hire, only. Employers or their authorized representatives should submit the completed SAF along with IRS Form 8850, *Pre-Screening Notice and Certification Request for the Work Opportunity Tax Credit*, or if filed separately, with ETA Form 9061/ETA Form 9062, to the State Workforce Agency (SWA) for each certification request submitted for the Long-Term Unemployment Recipient (LTUR) targeted group.

Applicant Self-Attestation: Under penalties of perjury, I declare that the information below is true and correct to the best of my knowledge.

Applicant's Full Name (Print: *First, Middle Initial, Last*): _____

Applicant's Signature: _____ **Date:** _____

Applicant's Social Security Number: _____ **Date of Birth:**(mm/dd/yyyy)

Employer's Name: _____

Employer's Firm/Company Name: _____

Applicant Instructions: Please check "√" the statement below if it applies to you and fill in the requested information below.

I declare that I was/am in a period of unemployment that was/is at least 27 consecutive weeks; **and**, for all or part of that unemployment period, I received unemployment compensation under State or Federal law.

State(s) unemployment compensation was received: _____

I have been in a period of unemployment since (Enter unemployment start date: mm/dd/yyyy) _____

Privacy Act Notice:

Section 51 of the Internal Revenue Code of 1986, 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 process. The information you have provided by 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 work opportunity 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 Act – OMB Control No. 1205-0371). Please do not submit completed WOTC processing forms to this address.

**Review for completeness and email to:
WOTCForms@equifax.com or 1-800-570-9830**