

Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits

▶ See separate instructions.

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 _____

Telephone number () _____

If you are under age 25, enter your date of birth (month, day, year) ____/____/____

Work Opportunity Credit

- 1 Check here if you received a conditional certification from the state employment security agency (SESA) 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 last 18 months.
 - I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
 - I was referred here by a rehabilitation agency approved by the state or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 25 or older and I am a member of a family that:
 - a Received food stamps for the last 6 months **or**
 - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
 - Within the past year, I was convicted of a felony or released from prison for a felony **and** during the last 6 months I was a member of a low-income family.
 - I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

Welfare-to-Work Credit

- 3 Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.
- 4 Check here if you are a member of a family that:
- Received TANF payments for at least the last 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 within the last 2 years, **or**
 - Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.

All Applicants

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
AIM Leasing Drivers Inc.

Employer's name _____ Telephone no. () _____ EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above **ADP Tax Credit Services** Telephone no. **(843) 667-1836**

Street address **2205 Enterprise Drive, Suite C / PO Box 108850**

City or town, state, and ZIP code **Florence, SC 29501**

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	/	/
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Under penalties of perjury, I declare that I completed 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 or a long-term family assistance recipient. I hereby request a certification that the individual is a member of a targeted group or a long-term family assistance recipient.

Employer's signature ▶ _____ Title _____ Date / / _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(12) 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 and long-term family assistance recipients in securing employment. Routine uses of this form include giving it to the state employment security agency (SESA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group or a long-term family assistance recipient. 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 SESA, and to cities, states, and the District of Columbia for use in administering their tax laws. In addition, we may disclose this information to Federal, state, or local agencies that investigate or respond to acts or threats of terrorism or participate in intelligence or counterintelligence activities concerning 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** 2 hr., 46 min.
- Learning about the law or the form** 36 min.
- Preparing and sending this form to the SESA** 36 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 Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001.

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





MFD-RFV-1-0100

REQUEST FOR VERIFICATION

Your company participates in the Work Opportunity (WOTC) and Welfare-to-Work (WTW) Tax Credit programs. The following information will assist your company in obtaining these valuable credits.

Section I: Please complete all information, sign and date.

Name: _____ Social Security Number: - -

New Employee Job Title _____ Starting Hourly Wages \$ _____

Date of birth (MMDDYYYY): / / Job Start Date (MMDDYYYY): / /

I hereby authorize agencies, organizations, or individuals to release the information below to ADP Tax Credit Services. I understand this information will be used solely to qualify my employer for the Work Opportunity and/or Welfare-to-Work Tax Credit programs.

Employee Signature:  _____ Date: ____ / ____ / ____

Section II: Please complete all information that applies to you.

FOOD STAMPS

Have you, your spouse, parents or a family member (while living in your household) received Food Stamps anytime within the last fifteen (15) months?
YES NO

Primary Recipient: _____

Relation to You: _____

Benefits received in: _____

City/State: _____

County: _____

Are you a veteran of the US Armed Forces?
YES NO

Branch of Service: _____

Dates of Service: _____

If you served in the military and answered yes to the food stamps question above, if available, please attach a copy of your DD-214 (discharge papers).

AFDC/TANF/WELFARE-TO-WORK

Have you or any family member with whom you lived received AFDC/TANF benefits within the last two (2) years?
YES NO

Are you a member of a family that stopped being eligible for AFDC/TANF benefits within the last two (2) years because of federal or state limitations?
YES NO

Have you received any child care, housing or transportation assistance from the government anytime since 18 months ago?
YES NO

AFDC (Aid to Families with Dependent Children)
TANF (Temporary Assistance for Needy Families)
(also known as welfare benefits)

Primary Recipient: _____

Relation to you: _____

Benefits received in: _____

City/State: _____ County: _____

SSI--SUPPLEMENTAL SECURITY INCOME

Have you received SSI benefits within the last ninety (90) days?
YES NO

VOCATIONAL REHABILITATION

Have you participated in a vocational rehabilitation program?

State Agency YES NO

Veteran Administration YES NO

Counselor's Name: _____

City/State: _____

FELONY

Are you currently participating in a Work Release Program, Halfway House or Transition Center?
YES NO

---OR---

Within the last twelve (12) months have you been convicted of, deferred adjudication for or released from prison for a felony?
YES NO

Conviction Date: ____ / ____ / ____ Release Date: ____ / ____ / ____

Probation/Parole Officer's Name: _____

City/State: _____

Phone Number: _____

REMINDER

- Did new hire sign and date 8850 Form (Page 1)?
- Did new hire sign and date Request for Verification Form (Page 3)?
- Please make sure that **location information** is completed on page 2.
- Please mail to ADP immediately.

If you have any questions
or need additional supplies,
please call ADP Tax Credit Services
1-877-888-1542.