

WOTC (Work Opportunity Tax Credit) Questionnaire

The Greer Group, Inc. is participating in the WOTC (Work Opportunity Tax Credit) program offered by the government. The program has been designed to promote the hiring of individuals who qualify as a member of a target group and to provide a Federal Tax Credit to employers who hire these individuals.

This questionnaire will assist The Greer Group, Inc. in qualifying individuals for the WOTC. This program is on a voluntary basis and will not affect any hiring decisions. Thank you for your participation.

Applicant's Name _____
Last Name
First Name
Middle Initial

Please circle ID type: Driver's License State ID Birth Certificate US Passport Federal/State Government ID

*Government Identification #: _____ State: _____ (ID must contain Age & Birthdate)

Please answer YES or NO to the following questions:	YES	NO
1. Have you ever been employed by The Greer Group, Inc. ?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you between the ages of 16-39? If YES, please provide your <i>date of birth</i> : _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you a Veteran of the U.S. Armed Forces? (If NO, go to Question # 4) If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? If YES, please provide name of <i>primary recipient</i>: _____ <i>and City and State where benefits were received:</i> _____ <i>Case ID Number:</i> _____ Are you a Veteran entitled to compensation for a service-connected disability? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you discharged or released from active duty within 1 year before you were hired? <input type="checkbox"/> YES <input type="checkbox"/> NO Were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? <input type="checkbox"/> YES <input type="checkbox"/> NO Are you a Veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>* If you have your DD-214, Discharge Papers, or Letter of Separation, please provide a copy to your Employer</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (Formerly Food Stamps) benefits for the 6 months before you were hired? Did you receive SNAP benefits (Food Stamps) for at least a 3-month period within the last 5 months, but you are no longer receiving them? If YES to either question, please provide name of <i>primary recipient</i>: _____ <i>City & State where benefits were received:</i> _____ <i>Case ID #:</i> _____	<input type="checkbox"/>	<input type="checkbox"/>
5. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? <i>Agency Contact Name:</i> _____ <i>Contact Phone Number:</i> _____ OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?	<input type="checkbox"/>	<input type="checkbox"/>

**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 _____

For Employer's Use Only

Employer's name The Greer Group, Inc. Telephone no. 919-571-0051 EIN ▶ 56-1657517

Street address 3109 Charles B. Root Wynd

City or town, state, and ZIP code Raleigh, NC 27612

Person to contact, if different from above MJA & Associates Telephone no. 951-272-8294

Street address 2279 Eagle Glen Pkwy. # 112-217

City or town, state, and ZIP code Corona, CA 92883

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 24 min.
Preparing and sending this form to the SWA 31 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 send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
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.

MJA & ASSOCIATES

Specializing in Government Tax Incentives

Work Opportunity Tax Credit (WOTC)

***** Employer Use Only *****

NEW HIRE INFORMATION SHEET

On the employee's first day of work please provide the following information:

Name: _____

Job Title: _____

Start Date: _____

Pay Rate: _____

Government Identification Number: _____

- ID number can be any picture ID card used on the I-9.
- Examples: Driver License, State ID, INS, Passport, etc.

Please forward these three documents:

- WOTC Questionnaire
- 8850 Form
- New Hire Information Sheet

Email To: wotc@mja-associates.com

Or Mail To: MJA & Associates
Attn: Marcel Abandonato
2279 Eagle Glen Pkwy., # 112-217
Corona, CA 92883

**PLEASE REMEMBER: FORMS MUST BE RECEIVED WITHIN 28 DAYS
OF HIRE DATE**

If you have any questions please contact Marcel at (951) 272-8294
or marcel@mja-associates.com.

