

## WOTC NEW HIRE PROCESS

### Part One - Applicant

On the day the Applicant is offered and accepts the job, the applicant should:

- a. **completely fill out, sign and date** Form A (either the English or Spanish side),  
**AND**
- b. **completely fill out, sign and date** the front of the 8850 form,  
**AND** (if at least 16 but not yet 25 years old)
- c. **completely fill out, sign and date** the Disconnected Youth Self-Attestation form.

### Part Two – HR Administrator

1. After the Applicant fills out the two forms listed above, the HR administrator should check for:
  - a. Legibility, especially SS#,
  - b. Completeness of forms, especially **signature** on Form 8850, Form A and Self-Attestation form,
  - c. Employee has included their **physical** address, **NO P.O. BOXES**,
  - d. If the Applicant is a veteran (question 6 of the Form A), please obtain a copy of their DD-214, and
  - e. If the Applicant is part of the "Ticket to Work" program (question 4 on the Form A), please obtain a copy of their ticket document.
2. HR Administrator or Manager should then complete the "For Employer's Use Only" section on the back of the Form 8850, then sign and date the form.
3. Attach a copy of the employee's **W-4 form**, Social Security Card **AND** one of the following:
  - a. Driver's License,
  - b. Resident Alien Card,
  - c. Birth Certificate, or
  - d. State ID card.
4. Completed packets should include:
  - a. Form A (**ORIGINAL SIGNATURE IS REQUIRED BY ACI/RetroTax**),
  - b. 8850 form (**ORIGINAL SIGNATURE IS REQUIRED BY ACI/RetroTax**),
  - c. Disconnected Youth Self-Attestation form (**ORIGINAL SIGNATURE REQUIRED BY ACI/RetroTax**),
  - d. Copy of Social Security Card,
  - e. Copy of W-4 form,
  - f. One other piece of Identification (see list above),
  - g. Copy of DD-214, if applicable, and
  - h. Copy of Ticket to Work, if applicable.
5. Gather completed packets and mail to:

ACI/RetroTax  
3730 Washington Boulevard  
Indianapolis, IN 46205

Please double check the paperwork. The more thorough the HR Administrators are in providing support documentation and the completed forms, the faster ACI/RetroTax can process the forms without repeatedly contacting you.

**The forms must reach ACI/RetroTax's office, be processed and ACI/RetroTax must send the forms to the State Department of Employment Services within 28 days of the employee's Job Started Date or you will lose the certification.**

**If you have any questions or concerns please feel free to contact Becky Huber or Lola Strode at 1-800-925-0557.**

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

OMB No. 1545-1500

▶ 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 \_\_\_\_\_

County \_\_\_\_\_ Telephone number ( ) - \_\_\_\_\_

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

- 1  Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3  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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but **not** age 25 or older, **and**:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
  - Discharged or released from active duty in the U.S. Armed Forces, **or**
  - Unemployed for a period or periods totaling at least 6 months.
- 5  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 / / \_\_\_\_\_



PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name \_\_\_\_\_
Address \_\_\_\_\_
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Social Security # \_\_\_\_\_
Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes [ ] No [ ]
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes [ ] No [ ]
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes [ ] No [ ]
4. Are you part of the Ticket to Work program? Yes [ ] No [ ]

5. Name of person who received benefits \_\_\_\_\_
Relationship \_\_\_\_\_ City & State where benefits received \_\_\_\_\_

6. Are you a veteran? Yes [ ] No [ ] and Disabled due to service? Yes [ ] No [ ]
Service Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Branch: \_\_\_\_\_

7. Have you been unemployed at any time during the last 12 months? Yes [ ] No [ ]
If yes, dates of unemployment: From: \_\_\_\_\_ To: \_\_\_\_\_
Did you receive unemployment compensation at any point during your unemployment?
If yes, dates received compensation: From: \_\_\_\_\_ To: \_\_\_\_\_ Yes [ ] No [ ]

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: \_\_\_\_\_ Date of Release: \_\_\_\_\_ Yes [ ] No [ ]
Parole Officer's Name: \_\_\_\_\_ Parole Officer's Phone # \_\_\_\_\_

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes [ ] No [ ]
Name of Agency \_\_\_\_\_ Phone # \_\_\_\_\_
Address of Agency \_\_\_\_\_ Counselor's Name \_\_\_\_\_

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes [ ] No [ ]

11. Did you receive a high school diploma or GED? If yes, date received: \_\_\_\_\_ Yes [ ] No [ ]
Have you been employed or been admitted to technical school or college since then? Yes [ ] No [ ]

12. How much in gross wages have you earned TOTAL in the past six months? \$ \_\_\_\_\_

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.

-> NEW HIRE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Questions below to be completed by manager
Starting Wage \_\_\_\_\_ Position \_\_\_\_\_
Has employee worked for this company before? \_\_\_\_\_ If yes, date and location \_\_\_\_\_

**POR FAVOR INDIQUE CON "SÍ" O "NO" Y COMPLETE EL RESTO DEL FORMULARIO**

Nombre \_\_\_\_\_  
 Dirección \_\_\_\_\_  
 Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_  
 Número del Seguro Social \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_ Edad \_\_\_\_\_

**Favor de marcar UNA RESPUESTA para cada pregunta y complete pregunta número cinco (5):**

1. ¿Ha recibido usted o algún miembro de su domicilio Ayuda Provisional a Familias Necesitadas (TANF) o La Ayuda a las Familias con Hijos Dependientes (AFDC) durante los últimos veinticuatro (24) meses?  
 Sí  No
2. ¿Ha recibido usted o algún miembro de su domicilio las Estampillas para la Comida (SNAP) alguna vez durante los últimos quince (15) meses?  
 Sí  No
3. ¿Ha recibido usted Ingreso por Seguro Suplemental (SSI) durante los últimos sesenta (60) días?  
 Sí  No
4. ¿Es usted miembro del programa del Boleto para trabajar?  
 Sí  No

**5. Nombre del recipiente** \_\_\_\_\_ **Parentesco** \_\_\_\_\_  
**Ciudad y estado donde recibió los beneficios** \_\_\_\_\_

6. ¿Es usted veterano? Sí  No  ¿y discapacitado? Sí  No   
 Las fechas del servicio: De: \_\_\_\_\_ Hasta: \_\_\_\_\_ Rama: \_\_\_\_\_

7. ¿Ha estado usted desempleado alguna vez durante los últimos doce (12) meses? Sí  No   
 Fechas de desempleo: De: \_\_\_\_\_ Hasta: \_\_\_\_\_

¿Ha recibido usted Compensación por desempleo? Sí  No   
 Fechas que recibió Compensación por desempleo: De: \_\_\_\_\_ Hasta: \_\_\_\_\_

8. ¿Ha estado usted condenado de un crimen o ha estado usted liberado del cárcel en los últimos doce (12) meses? Sí  No   
 Fecha de convicción: \_\_\_\_\_ Fecha de libertad: \_\_\_\_\_  
 Nombre del oficial de libertad condicional bajo palabra: \_\_\_\_\_  
 Número de teléfono del oficial de libertad condicional bajo palabra: \_\_\_\_\_

9. ¿Ha recibido usted ayuda de una agencia de rehabilitación *vocacional* aprobada por el estado o los veteranos? Sí  No   
 Nombre de la agencia: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_  
 Dirección de la agencia: \_\_\_\_\_ Nombre del consejero: \_\_\_\_\_

10. ¿Ha asistido usted regularmente a un colegio o a una universidad para más que un promedio de diez (10) horas a la semana alguna vez durante los últimos seis (6) meses? Sí  No

11. ¿Ha recibido usted un bachillerato or GED? Sí  No   
 Fecha cuando lo recibió: \_\_\_\_\_

¿Ha estado usted empleado o admitado a un colegio desde entonces? Sí  No

12. ¿Cuanto en sueldos brutos ha ganado usted EN TOTAL durante los últimos seis (6) meses? \$ \_\_\_\_\_

*Yo por la presente autorizo cualquier agencia, organización, o individuos a suministrar tal comprobación o información necesaria para determinar elegibilidad del crédito tributario a mi empleador, a representante del empleador, o al Departamento de Trabajo.*

→ FIRMA DEL EMPLEADO \_\_\_\_\_ FECHA \_\_\_\_\_

El jefe debe responder a las siguientes preguntas  
 Questions below to be completed by manager  
 Starting Wage \_\_\_\_\_ Position \_\_\_\_\_  
 Has employee worked for this company before? \_\_\_\_\_ If yes, date \_\_\_\_\_



## YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit 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 Form ETA 9061 for each certification request filed.

New Hire Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: \_\_\_\_\_

**Please check all the statements that apply to you. Sign and date this form where indicated below.**

- 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.
- I do not have a High School Diploma or GED certificate.
- 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.

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

New Hire's Signature: \_\_\_\_\_ 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, including the Social Security Number, 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 5 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 Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

**YOUTH SELF-ATTESTATION FORM**  
(Forma de Auto-Juramentación o Declaración Personal)  
"Work Opportunity Tax Credit Program"

**Instrucciones:** Esta forma debe ser completada, debidamente firmada, y fechada por el joven empleado. El patrón, o su representante, deberá enviar esta Auto-Juramentación o Declaración Personal junto con la forma ETA 9061 a la Agencia Estatal de Empleo o SWA.

Nombre del Empleado: \_\_\_\_\_

Numero de Seguro Social: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Nombre del Patrono \_\_\_\_\_

Numero o ID Federal (EIN) del Patrono: \_\_\_\_\_

**Por favor marque todos los encasillados que le apliquen a Usted. Luego firme y feche esta forma en los blancos al final de la forma.**

- En los últimos 6 meses, no he asistido a ninguna escuela secundaria o técnica, ni he cursado estudios post secundarios durante mas de un promedio de 10 horas por semana, sin contar los periodos durante los cuales la escuela esta cerrada por vacaciones programadas.
- No tengo ni un Diploma de Escuela Secundaria ni un Certificado GED.
- Tengo un Diploma de Escuela Secundaria o un Certificado GED otorgado hace mas de 6 meses y no he asistido ni he sido aceptado en una escuela técnica o de estudios post secundarios. Tampoco he tendido ningún empleo (excepto de vez en cuando) desde que recibí mi Diploma de Escuela Secundaria o mi Certificado de GED.

Bajo las sanciones o penalidades de perjurio, declaro que esta información es correcta y verdadera.

Firma del Empleado: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Privacy Act Notice (Aviso):** El Código de Rentas Internas (Departamento del Tesoro de EUA) de 1986, Sección 51, como legislación enmendada, y P.L. 104-188, decretan, que la Agencia Estatal de Empleo es la única agencia gubernamental autorizada y responsable para administrar los procedimientos de certificación del programa WOTC. La información que usted ha proporcionado al llenar este formulario, incluyendo el Número de Seguro Social, será divulgada por su patrón a la Agencia Estatal de Empleo. La disposición de esta información es voluntaria; sin embargo la información se requiere para poder determinar la elegibilidad de su patrón para reclamar el WOTC o crédito de impuesto federal.

**"Public Burden Statement (Declaración):"** Las personas no están obligadas a proveer la información que esta forma pide a menos que dicha forma despliegue o muestre un número de control valido de OMB. Las personas interesadas en obtener y mantener los beneficios que este programa ofrece tienen la obligación de responder a las preguntas en esta forma. (P.L. 111-5). El tiempo que toma contestar esta forma se ha estimado que toma un promedio de 5 minutos por cada contestación, incluyendo el tiempo para leer las instrucciones, reunir y mantener los datos necesarios y completar y revisar esta colección de información. Puede enviar comentarios sobre este estimado de tiempo al Departamento del Trabajo, División de Servicios a Personas Adultas (Division of Adult Services) Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).