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WORK OPPORTUNITY TAX CREDIT (WOTC) QUESTIONNAIRE

(Rev. December 2016)

Our company is participating in a Federal jobs tax credit program. The information requested below is strictly confidential and will **only** be used for the purpose of securing WOTC tax credits. Please fax the completed questionnaire, along with the IRS 8850 form to: (855) 649-7007 or mail to: Walton Management 151 - C Industrial Way East, Eatontown, NJ 07724

EMPLOYEE PLEASE COMPLETE BELOW:

First Name

Last Name

Address

City

State Zip Social Security Number - -

TO BE COMPLETED BY HIRING MANAGER:

Company:

Location Code:

Location Name:

Start Date: / / Hourly Rate: .

Job Title:

Please check only one answer for each of the following questions:

- Have you or any member of your household received Temporary Assistance for Needy Families (TANF/AFDC), Welfare payments, or General Assistance any time during in the last 2 years? Yes No Not Sure
 Recipient's Name _____
 Recipient's SSN _____ Case # _____
 Relationship _____ City Where Received _____ State _____
- Have you or any member of your household received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) at any time during the last year? If yes, please provide: Yes No Not Sure
 Recipient's Name _____
 Recipient's SSN _____ Case # _____
 Relationship _____ City Where Received _____ State _____
- Have you been convicted of a felony or released from prison in the last 12 months? Yes No Not Sure
 Date of Conviction: _____ Date of Release: _____
 Parole Counselor Name: _____ Phone #: _____
- Are you currently participating in or have you recently completed a State or Veteran approved Vocational rehabilitation agency or Ticket to Work program? Yes No Not Sure
 Name of Agency _____ Tel# _____
 Address of Agency _____
 Counselor's Name _____
- Have you received any Supplemental Security Income (SSI) benefits within the last 60 days? Yes No Not Sure
 Note: SSI does **NOT** include Social Security Disability, Retirement, or Death Benefits.
- Have you been unemployed for the last 27 consecutive weeks (more than 6 months)? Yes No Not Sure
 Dates of unemployment- Start: _____ End: _____
 If so, did you receive unemployment insurance benefits at any time during this period?..... Yes No Not Sure
- Are you a Veteran of the United States Armed Forces? Yes No Not Sure
 If so, are you also **any** of the following? **Discharge Date:** _____
 a. A member of a family that has received food stamps (SNAP)?..... a. Yes No Not Sure
 b. Entitled to compensation for a service-connected disability?..... b. Yes No Not Sure
 c. Unemployed for at least 4 weeks but less than 6 months during the past year?..... c. Yes No Not Sure
 d. Unemployed for a combined period of six months during the past year?..... d. Yes No Not Sure

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