

# Tax Credit Questionnaire ©

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

1. Are you under age 40? Date of Birth if under 40: \_\_\_\_/\_\_\_\_/\_\_\_\_  Yes  No

2. Has any member of your household received Food Stamps (SNAP), or Welfare (AFDC, TANF, ADC) during an 18 month period since 1997?  Yes  No

If yes, which benefits?  Food Stamps  AFDC  TANF  ADC

Approximate date first received benefit: \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate date last received benefit \_\_\_\_/\_\_\_\_/\_\_\_\_

Who received the benefit?  Parent  Spouse  Sibling  Child  Self If not self, SSN: \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Recipients first and last name (if not self): First \_\_\_\_\_ Last \_\_\_\_\_

City and State where benefits received: City \_\_\_\_\_ State \_\_\_\_\_

3. In the last two years, have you completed Vocational Rehab from a State Agency, Employment Network (Ticket to Work Program) or Dept. of Veterans Affairs?  Yes  No

If yes, are you:  Currently Participating  Completed  Did not Complete

Name of Rehab Program: \_\_\_\_\_ Date Completed \_\_\_\_/\_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

4. a. Do you have 180 days of active military duty OR were you discharged for a service related disability?  Yes  No

Which Branch? \_\_\_\_\_ Date entered \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Discharged: \_\_\_\_/\_\_\_\_/\_\_\_\_

b. Are you entitled to compensation for a service-connected disability? (If yes, provide copy of DD-214)  Yes  No

c. Were you unemployed for at least 4 weeks during the last year, whether they were consecutive or not?  Yes  No

5. Have you received Supplemental Security Income benefits (SSI) within the past 60 days?  Yes  No

If YES, log in at <https://www.socialsecurity.gov/myaccount> and provide copy of income verification to employer.

6. In the last 12 months, have you had a felony conviction, felony probation, work release or prison release?  Yes  No

Approximate Date of Conviction \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Release Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Correctional Facility: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Parole Officer's Last Name \_\_\_\_\_ Parole Officer's Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

7. Have you been unemployed prior to your hire date with this employer for at least 6 consecutive months?  Yes  No

a. If YES, did you receive Unemployment Compensation (state or federal) for at least 1 period during the 6 months prior to your start date of work with this employer?  Yes  No

b. If YES, what is the last date UC was received? \_\_\_\_/\_\_\_\_/\_\_\_\_ From which State? \_\_\_\_\_

8. Are you or your spouse a member of a Native American Indian tribe? If yes, please provide copy of tribal registration documentation for yourself/spouse.  Yes  No

*I understand that answering the above questions will not affect any benefits my family or I may be receiving or my job opportunity. I hereby authorize the release to TaxCredit Processing Center or any State Workforce Agency any information from any Federal or State Government Agency, including SSA, Dept. of Veterans Affairs or DMV of any State as to my eligibility for Federal or State tax credits.*

Signature: \_\_\_\_\_

**\*\*\*IMPORTANT: BELOW SECTION MUST BE COMPLETED IN ITS ENTIRETY BEFORE SUBMISSION\*\*\***

### Employer Use Only

Please send Verification of Age and Residence, and the 8850 form with this form to P.O. Box 8427, Gadsden, AL 35902.

Hourly Wage \$ \_\_\_\_ . \_\_\_\_ Position \_\_\_\_\_ Hire Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Store Number \_\_\_\_\_ Client Code \_\_\_\_\_

V123015