

# 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](http://www.irs.gov/form8850).

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name Presley Marth Social security number ► 505-39-8334

Street address where you live 3265 Center Street

City or town, state, and ZIP code Lincoln , Nebraska, and 68503

County Lancaster Telephone number (402) 874-0833

If you are under age 40, enter your date of birth (month, day, year) 03 - 27 - 1998

- 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 ► Presley Marth

Date 02/10/2026

**For Employer's Use Only**Employer's name Caretech Inc. Telephone no. (800) 991-7006 EIN ► 470818823Street address 11011 Q Street Suite 101CCity or town, state, and ZIP code Omaha, Nebraska, and 68137

Person to contact, if different from above \_\_\_\_\_ Telephone no. \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

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	<u>02/10/2026</u>	Was offered job	<u>02/10/2026</u>	Was hired	<u>02/10/2026</u>	Started job	<u>02/11/2026</u>
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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.

*Ann Rasch*

Employer's signature ►

Title Payroll SpecialistDate 02/10/2026**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](http://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.



Work Opportunity Tax Credit  
Individual Characteristics Form (ICF)

1. Control No. (For Agency use only)	SWA / AGENCY INFORMATION (See instructions on pg 4)	2. Date Received (For Agency Use only)
EMPLOYER INFORMATION		
3. Employer Name Caretech Inc.	4. Employer Mailing Address, Telephone No. and Email Address 11011 Q Street Suite 101C Omaha, Nebraska 68137 (800) 991-7006 ann@caretechinc.com	5. Employer Identification Number (EIN) 470818823
JOB APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI) Marth, Presley , Quinn	7. Social Security Number 505-39-8334	8. Have you worked for this employer before? YES: <input type="radio"/> NO: <input checked="" type="radio"/>
JOB APPLICANT CHARACTERISTICS FOR WOTC TARGETED GROUP(S) CERTIFICATION		
9. Employment Start Date 02/11/2026	10. Starting Wage 18.00	11. Job Position (Title) or SOC (Standard Occupation Classification) Personal Care & Service
<b>Directions:</b> Read the following statements carefully and check any of following statements that apply to the job applicant. Provide additional information where requested and as needed for targeted group eligibility determination.		
<b>12. Qualified IV-A Recipient</b> Check here if the job applicant is a Qualified IV-A Recipient <input type="checkbox"/>  If the job applicant is a member of a family receiving Temporary Assistance for Needy Families (TANF), enter the name of the <b>primary benefits recipient:</b> _____, and the <b>city and state(s)</b> where benefits were received: _____		
<b>13. Qualified Veteran</b> Check here if the job applicant is a veteran of the U.S. Armed Forces <input type="checkbox"/>  If the job applicant (veteran) is a member of a family receiving Supplemental Nutrition Assistance Program (SNAP) benefits, enter the name of the <b>primary benefits recipient:</b> _____, and the <b>city and state(s)</b> where benefits were received: _____ <i>Note: Additional information may be requested to determine the job applicant's qualified veteran eligibility, such as proof of being entitled to compensation for a service-connected disability or having aggregate periods of unemployment.</i>		
<b>14. Qualified Ex-Felon</b> Check here if the job applicant is an Ex-Felon <input type="checkbox"/> Enter date of felony conviction (mm/dd/yyyy): _____ and release date: _____ Federal conviction: <input type="checkbox"/> State conviction: <input type="checkbox"/> List applicable state: _____		

Check here if the job applicant is in a Work Release Program: ☐

**15. Designated Community Resident (DCR)**

Check if the job applicant is at least age 18 but not age 40 on the hiring date, and resides in a Rural Renewal County (RRC) ☐ or an Empowerment Zone (EZ). ☐

Enter *job applicant's birthday* (mm/dd/yyyy): \_\_\_\_\_.

**16. Vocational Rehabilitation Referral**

Check here if the job applicant is a Vocational Rehabilitation (VR) Referral ☐

**17. Qualified Summer Youth Employee**

Check here if the job applicant is a Qualified Summer Youth Employee ☐

Enter the *job applicant's birthday* (mm/dd/yyyy): \_\_\_\_\_.

**18. Qualified Supplemental Nutrition Assistance Program (SNAP) Recipient**

Check here if the job applicant is a Qualified SNAP (Food Stamps) Recipient ☒

Enter *job applicant's birthday* (mm/dd/yyyy): 03/27/1998

Enter the name of the *primary benefits recipient*: Presley Marth Marth, and the *city and state(s)* where benefits were received: Lincoln, Nebraska.

**19. Qualified Supplemental Security Income (SSI) Recipient**

Check here if the job applicant received or is receiving Supplemental Security Income (SSI) ☐

**20. Long-Term Family Assistance Recipient**

Check here if the job applicant is a Long-term Family Assistance (long-term TANF) recipient ☐

Enter name of the *primary benefits recipient*: \_\_\_\_\_, and the *city and state(s)* where benefits were received: \_\_\_\_\_.

**21. Qualified Long-Term Unemployment Recipient**

Check here if the job applicant is a qualified long-term unemployment recipient (LTUR) ☐

Enter *city and state(s)* where UI claim records / UI wage records were filed: \_\_\_\_\_.

**22. Sources used to document eligibility.** List all supporting documentation submitted to SWA. Indicate next to each document listed whether it is attached (A) or forthcoming (F). **SWA Staff:** List all supporting documentation used in determining targeted group eligibility for the applicant. Enter your initials and date when the determination was made.

**I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.**

**23(a). Signature:** (See instructions in Box 23.(b) for who signs this signature block)

*Fram Abarrientos*

**23.(b)** Indicate who signed this form:

- ☐ Employer, ☒ Employer's Preparer,  
☐ SWA / Participating Agency,  
☐ Job Applicant,  
☐ Parent/Guardian (if job applicant is a minor)

**24. Signature Date:**

02/10/2026

**INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061.** This form must be used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC). The form may be completed, on behalf of the job applicant, by: 1) the employer or employer's representative, 2) the applicant directly (if a minor, the parent or guardian must sign the form), or 3) a participating agency, and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification. Eligibility requirements for each [targeted group is available on the IRS.gov website](#). Additionally, information on [how to submit certification requests, including WOTC Processing Forms](#).

Box 1 and 2. **State Workforce Agency (SWA) or Participating Agency.** For agency use only.

Box 3 - 5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer identification number (EIN) of the employer requesting WOTC certification. Note: The EIN number must be a tax-identification number that is registered with the state (where the business is located), so the SWA can establish an employer-employee relationship where wages are paid (and federal taxes deducted). Do not enter information pertaining to the employer's representative, if any.

Box 6 - 11. **Applicant Information.** Enter the applicant's full name and social security number as they appear on the applicant's social security card. For job title (position), enter the job applicant's job title or the corresponding standard occupation classification (SOC). In Box 8, indicate whether the job applicant previously worked for the employer. This information will help the SWA to determine if the job applicant is a first-time, qualifying member of a WOTC targeted group(s). For additional information about non-qualifying rehires see 26 U.S.C. §51(i)(2).

Box 12 - 21. **Applicant Characteristics.** Read statements carefully, check any boxes that apply, and provide additional information where requested. Eligibility requirements for each [targeted group is available on the IRS.gov website](#).

Box 22. **Sources to Document Eligibility.** Employers and SWAs use this box to list the sources used to verify target group eligibility. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). SWAs should follow this notation with their initials and the date the eligibility determination was completed. Some examples of acceptable documentation are provided below.

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**Examples of Documentary Evidence and Collateral Contacts. Employers:** You may check with your SWA to find out what other sources you can use to verify targeted group eligibility. (You are encouraged to provide copies of documentation for each checked box).

#### **QUESTIONS 12, 18 & 20**

- TANF/SNAP (Food Stamp) Benefit History or Case Number Identifier
- Signed statement from Authorized Individual with a specific description of the months benefits that were received.

#### **QUESTION 13**

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- Letter of Separation or other agency documents issued only by the Department of Veterans Affairs (DVA) on DVA Letterhead certifying the Veteran has a service-connected disability and signed by the individual who verified this information.
- UI Claims Records or UI Wage Records (for unemployed veteran sub-categories)

#### **QUESTION 14**

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

#### **QUESTIONS 15 & 17**

- Birth Certificate or Copy of Hospital Record
- Driver's License
- School I.D. Card<sup>1</sup>
- Work Permit<sup>1</sup>
- Federal/State/Local Gov't I.D.

To determine if a Designated Community Resident lives in a Rural Renewal County, visit the US Postal Service website: [www.usps.com](http://www.usps.com). Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information, then compare the county of the address to the list in the Instructions to IRS 8850 Form. For additional information, see the Instructions for the [IRS Form 8850 and the Empowerment Zone \(EZ\) Locator Tool](#), available on the dol.gov website.

#### **QUESTION 16**

- Vocational Rehabilitation Agency Contact

- Veterans Administration for Disabled Veterans
- Signed letter of separation or related document from authorized Individual on DVA letterhead or agency stamp with specific description of months benefits were received.

#### **QUESTION 19**

- SSI Record or Authorization / Evidence of SSI Benefits
- SSI Contact
- For SWAs: To determine eligibility for SSI and/or TTW Ticket Holders, send verification requests to the USDOL designated agency contact.

#### **QUESTION 21**

- Unemployment Insurance (UI) Wage Records
- UI Claims Records
- Self-Attestation Form, ETA Form 9175

#### **BOX 22**

- List all sources used and provided to the SWA to document targeted group eligibility. **SWA Staff:** List all documentation used to determine/verify eligibility in the targeted group(s) requested by the employer/representative, to reach the final determination.

#### **Note:**

1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.
2. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. **Therefore, the I-9 is no longer a valid piece of documentary evidence.**

Box 23 (a). **Signature. The person who completes the form signs the signature block.**

Box 23 (b). **Signature Options.** (a) Employer or their Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (If applicant is minor, the parent or guardian must sign).

Box 24. **Date.** Enter the month, day and year when the form was completed.

**Note:** An employer's authorized representative can be verified through an executed *Employer Representative Authorization Form* (ETA Form 9198). The representative is able to facilitate WOTC activities, which includes but is not limited to:

- Completing, signing and submitting WOTC processing forms;
- Requesting status application updates;
- Providing clarifying information, including supporting documentation;
- Receiving copies of notices and communications; and
- Submitting employer appeals.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

.....✂.....  
(Cut along dotted line and keep in your files)

#### **TO: THE JOB APPLICANT OR EMPLOYEE,**

**Privacy Act Statement:** *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 will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.*