

EY – WORK OPPORTUNITY TAX CREDIT QUESTIONNAIRE

COMPANY NAME Robert Half International	WORK LOCATION CITY/STATE	WORK LOCATION ID #
NAME vergil kelley	SOCIAL SECURITY NUMBER not required	DATE OF BIRTH
ADDRESS (NO P.O. BOXES) 4917 N. Kenmore Avenue	CITY/STATE Chicago IL	ZIP CODE 60640
<input type="checkbox"/> Check if you have worked for this company before.		START DATE

Government Assistance/Vocational Rehabilitation	1. Are you between the ages of 18-39, and have you OR any member of your family living in your household received Food Stamps (SNAP) in the last year? NO 2. Have you OR any member of your family living in your household received TANF, AFDC, Welfare or any other government assistance any time in the last 2 years? NO 3. Have you OR any member of your family living in your household received TANF, AFDC, Welfare or any other government assistance any time in the last 10 years? NO 4. Are you currently in OR have you ever been in a Vocational Rehabilitation program? NO 5. Have you received Supplemental Security Income (SSI not retirement or survivor benefits) at any time in the last 3 months? NO If any questions above (1-3) were answered "Yes" or "Not sure" complete: CITY, STATE AND COUNTY WHERE BENEFITS WERE RECEIVED:	
Veteran	6. Are you a veteran of the U.S. Military? NO 7. Are you entitled to compensation due to a service connected disability? 8. Were you discharged in the last year? 9. Have you been unemployed at least 6 months (not necessarily consecutive) in the last year? 10. Have you been unemployed at least 6 months (not necessarily consecutive) in the last year? 11. Have you been unemployed at least 4 weeks (not necessarily consecutive) in the last year? 12. Have you or any member of your family living in your household received Food Stamps (SNAP) in the last 2 years?	
	Enlistment Date: Discharge Date: Date of Birth:	
	Branch of Service:	
Unemployment	13. Are you currently unemployed or were you unemployed immediately before applying for this job? NO 14. Were you unemployed for a period of 27 consecutive weeks (approximately 6 months) and did you collect unemployment compensation for at least one week during that time? 15. If yes, in what state did you receive unemployment compensation?	
Conviction	16. Have you been convicted or released from prison for a felony in the last year OR are you in a work release program? NO	

PLEASE READ, SIGN AND DATE

I authorize the Department of Vocational Rehabilitation, Veterans Administration, Tribal Governments or any other applicable agencies to provide the verification of information to EY. This information will be used for the sole purpose of determining eligibility for Federal and State Tax Credit programs.

Electronically signed by

APPLICANT SIGNATURE <i>Vergil Kelley</i>	DATE 7/26/2018
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LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM
Work Opportunity Tax Credit (WOTC) 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 IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

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

New Hire's Signature: _____ Date 7/26/2018

New Hire Name: Vergil Kelley

Social Security Number: not required
(Enter last four digits)

Employer Name: Robert Half International

Please check the statements below if they apply to you.

☐ I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

☐ I declare that I have been in a period of unemployment since _____.
(Enter start 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 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 10 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 National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

**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 Vergil Kelley Social security number not required

Street address where you live 4917 N. Kenmore Avenue

City or town, state, and ZIP code Chicago IL 60640

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. **Electronically signed by**

Job applicant's signature ► Vergil Kelley

Date 7/26/2018