

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