



WOTC Instructions

Work Opportunity Tax Credit

Day & Zimmermann is participating in the Work Opportunity Tax Credit program. All information you provide will be kept confidential and will not affect your job, wages, or taxes in any way. This program is voluntary, but we appreciate you completing the following information to assist our company in obtaining these important tax credits.

Please follow the instructions outlined below:

1. Please complete all applicable questions on the Work Opportunity Tax Credit Questionnaire.
2. Please complete the Form 8850 and Form W-4 for credit documentation purposes.
3. Please ensure that you have completed, signed and dated the bottom of the **Questionnaire, Form 8850 and Form W-4** including **Date of Birth**.

If you have any questions or need instruction on how to complete any portion of the forms, please call Ernst & Young, our WOTC Administrator, at 1-866-267-5866. Ernst & Young will be happy to assist you.

Thank You

Please complete and mail all forms to Ernst & Young in the enclosed postage paid envelope immediately.

Ernst & Young
Attn: WOTC Processing Center
P.O. Box 226896
Dallas, TX 75222-9595

Phone # 1-866-267-5866

WORK OPPORTUNITY TAX CREDIT QUESTIONNAIRE

WORK LOCATION ID #	WORK LOCATION CITY/STATE	SOCIAL SECURITY NUMBER
NAME	DATE OF BIRTH (IF UNDER 40)	DRIVER'S LICENSE # / STATE
ADDRESS	CITY / STATE	ZIP CODE
<input type="checkbox"/> Check if you have worked for this company before.	JOB OFFER DATE	HIRE DATE

Government Assistance/Vocational Rehabilitation Check ALL that apply:	Yes	No	Not sure			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Have you OR any member of your household received Food Stamps in the last 2 years?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Have you OR any member of your household received TANF, AFDC, Welfare or any other government assistance in the last 3 years?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Are you currently in OR have you ever been in a Vocational Rehabilitation program?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Are you a veteran of the United States Military? Branch of Service: _____ Enlistment Date: _____ Discharge Date: _____		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Are you entitled to compensation for a military service connected disability?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Have you been unemployed in the last year?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Have you received unemployment compensation in the last year?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Have you attended a High School, Technical School or College for at least an average of 10 hours per week in the past 6 months?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Were you employed for the entire past 6 months, but earning an amount less than if you had worked 30 hours per week at minimum wage?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Have you graduated from a High School, Technical School or College or received a General Education Development (GED) certificate?		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. If yes to question 10, have you held a job or been admitted to a technical or post-secondary school in the past 6 months?		

If any questions above (1-7) were answered "Yes" or "Not sure" complete section A:

Section A	CITY & COUNTY WHERE BENEFITS WERE RECEIVED	STATE	APPROX DATE FIRST RECEIVED	APPROX DATE LAST RECEIVED	NAME/SSN OF PRIMARY RECIPIENT (IF NOT SELF)	
	AGENCY NAME			CASEWORKER'S OR COUNSELOR'S NAME (CIRCLE ONE)		
	AGENCY ADDRESS, CITY, STATE, ZIP CODE			AGENCY PHONE NUMBER		

SSI	Yes	No	Not sure			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	12. Have you received Supplemental Security Income - SSI (not retirement or survivor benefits) at any time in the last 3 months? City and State where benefits were received: _____		

Conviction	Yes	No	Not sure			
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Have you been convicted or released from prison for a felony in the last year OR are you in a work release program? If the answer is "YES" or "Not sure" please complete section B:		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Section B	PAROLE OR PROBATION OFFICER'S NAME & ADDRESS (CIRCLE ONE)			PAROLE/PROBATION OFFICER'S PHONE NUMBER		
	CITY AND COUNTY OF CONVICTION / INCARCERATION		STATE	DATE CONVICTED	DATE RELEASED	

Native Americans	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>	14. Are you of Native American descent? Tribe name: _____			
	<input type="checkbox"/>	<input type="checkbox"/>	15. Is your spouse of Native American descent? Tribe name: _____ Spouse's Full Name: (include maiden name if applicable) _____ Spouse's SSN: _____ Spouse's Date of Birth: _____			
	If "Yes," to questions 14 or 15, please include a copy of your or your spouse's CDIB or Tribal Membership card					

Hurricane Katrina	Yes	No				
	<input type="checkbox"/>	<input type="checkbox"/>	16. On August 28, 2005 did you reside in Louisiana, Mississippi or Alabama? If "YES", please list your address below where you lived at the time of the hurricane (LA, MS or AL ONLY)			
	ADDRESS		CITY/STATE/ZIP	COUNTY/PARISH		

PLEASE READ, SIGN AND DATE

I hereby authorize the Department of Social Services, Social Security Administration for Supplemental Security Income, Military Records, Vocational Rehabilitation, Veterans Administration or Department of Corrections to provide the verification or information requested by Ernst & Young or State Workforce Agencies (SWA) and release the information to those entities as requested. This information will be used for the sole purpose of determining my eligibility for Federal and State Tax Credits, including the Work Opportunity Tax Credit Program.

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

APPLICANT SIGNATURE	DATE
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Pre-Screening Notice and Certification Request for the Work Opportunity Credit

▶ See separate instructions.

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

Your name _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number (____) _____ - _____

If you are under age 40, enter your date of birth (month, day, year) ____/____/____

- 1 Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 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 discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but **not** age 25 or older, **and**:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job or been admitted to a technical or post-secondary school since I received the certificate.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, **or**
 - Unemployed for a period or periods totaling at least 6 months.
- 5 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.

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 ▶ _____ **Date** ____ / ____ / ____

Please mail this form to Ernst & Young in the enclosed postage paid envelope.

