



Stinchcomb Associates, Inc.

WOTC INTRODUCTION

As part of its standard employment application process, Stinchcomb Associates, Inc. (“SAI”) participates in the federal government’s Work Opportunity Tax Credit (WOTC) program. This tax credit program is offered by the federal government to increase hiring and improve retention of employees.

alliantgroup, LP (“alliantgroup”) is an independent tax consulting firm that has been hired by SAI to administer this tax credit program. As part of its administration of this tax credit program, alliantgroup requests that you complete a survey. Providing this information is strictly voluntary, and the information you provide will be used solely by alliantgroup to determine your eligibility under the tax credit program and SAI’s eligibility to obtain tax credits. alliantgroup’s determination as to tax credit eligibility will not affect the consideration of your application for employment with SAI, and will not affect your job, wages, or taxes in any way.

SURVEY INSTRUCTIONS

To participate in this survey, please follow the instructions outlined below. If you have any questions, or need instruction on how to complete any portion of the survey, please contact the alliantgroup representative at (713) 877-9600 or wotc@alliantgroup.com. alliantgroup will be happy to assist you. This survey should only take between 5 and 10 minutes to complete. Thank you.

Online Survey:

1. Type the following address into your web browser:
stinchcombassociates.alliantgroupworks.com/survey
2. Click the “Begin Survey” button.
3. Enter your information and answer all required questions.
4. Click the “Confirm & E-Sign” button.

Hardcopy Survey:

1. Answer all applicable questions on the attached Work Opportunity Tax Credit Questionnaire.
2. Complete, sign, and date the Applicant Statement section of the survey.
3. Fill in your information on the top portion of the attached Form 8850 and sign and date the bottom of page 1. Do not check any boxes.
4. Immediately return the completed survey to a Stinchcomb Associates, Inc. representative.



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Applicant Information

First Name:	
Middle Initial:	
Last Name:	
Social Security Number:	
Street Address Where You Live: (physical address – no PO Box)	
City or Town:	
State:	
ZIP Code:	
County:	
Telephone:	
If you are under age 40, enter your date of birth (month, day, year)	___ / ___ / ___

FOR EMPLOYER USE ONLY

Position:

Starting Wage:



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Part 1 – Employment History

Have you previously been employed for any period of time by Stinchcomb Associates, Inc.? If yes, you do not need to complete this survey.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently unemployed? If no, please proceed to Part 2.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you been unemployed for at least 27 weeks?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, did you receive unemployment compensation for all or part of that period?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what state did you receive unemployment compensation in?		

Part 2 – Military Service

Are you a veteran of the United States armed forces? If no, please proceed to Part 3.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you entitled to compensation for a service-connected disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you discharged from active duty during the past year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you unemployed for at least 4 weeks during the past year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you unemployed for at least 6 months during the past year?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Did you receive Nutrition Assistance Program (SNAP) benefits (food stamps) for at least 3 of the last 15 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>



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Part 3 – Supplemental Nutrition Assistance Program

Are you at least 18 but not age 40? If no, please proceed to Part 4.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for the past 6 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of a family that received SNAP benefits (food stamps) for at least 3 of the past 5 months, BUT is no longer receiving these benefits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered YES to either of the above questions, please provide the following:

Name of primary SNAP recipient: _____

City and State where benefits were received: _____

Part 4 – Temporary Assistance for Needy Families

Are you a member of a family that received Temporary Assistance for Needy Families (TANF) benefits? If no, please proceed to Part 5.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were benefits received for 9 of the past 18 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were benefits received for more than the past 18 months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you a member of a family that stopped being eligible to receive TANF payments during the past 24 months because federal or state law limited the maximum time those payments could be made?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answered YES to any of the above questions, please provide the following:

Name of primary TANF recipient: _____

City and State where benefits were received: _____



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Part 5 – Miscellaneous

Have you received supplemental security income (SSI) benefits in the last 60 days?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were you referred to this employer by one of the following?		
A state-certified vocational rehabilitation agency.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Ticket to Work Program.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The Department of Veterans Affairs.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Applicant Statement

I certify that the information provided in this survey is, to the best of my knowledge, true, correct, and complete. I understand and consent that the release of this information to Stinchcomb Associates, Inc., its representatives, or a state workforce agency will be used for the sole purpose of helping to prove my eligibility for Federal and/or State tax credit programs.

Applicant Name: _____

Applicant Signature: _____

Date: _____

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

► 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 _____ 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 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 ►

Date

For Employer's Use Only

Employer's name Stinchcomb Associates, Inc. Telephone no. (419) 609-2233 EIN ▶ 34-1657549

Street address 118 E. Adams St.

City or town, state, and ZIP code Sandusky, OH 44870

Person to contact, if different from above alliantgroup, LP (EIN: 04-3647277) Telephone no. (713) 877-9600

Street address 3009 Post Oak Blvd., Suite 2000

City or town, state, and ZIP code Houston, TX 77056

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 _____ Was offered job _____ Was hired _____ Started job _____

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.

Employer's signature ▶ _____ **Title** _____ **Date** _____

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. 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.