



WOTC is a federal program that gives employers up to **\$9,600 in tax credits** per employee if the employee meets certain criteria, which may include:

- ✔ SNAP (food stamps)
- ✔ Veterans
- ✔ Those that live in disadvantaged or low-income areas
- ✔ Temporary Assistance for Needy Families (TANF)
- ✔ Youth employees
- ✔ Convicts
- ✔ Long-term unemployed
- ✔ Supplemental Security Assistance (SSI)

When candidates apply to your job, they will answer a few questions to determine if they are WOTC eligible.

Work Opportunity Tax Credit Assessment

- 1** Are you at least age 18, but under the age of 40?
 Yes No
- 2** Are you a member of a family that received food stamp benefits?
 Yes No
- 3** Are you a member of a family that received TANF?
 Yes No
- 4** Have you received Supplemental Security Income benefits?
 Yes No
- 5** Have you ever served in the U.S. Military?
 Yes No
- 6** Have you ever been arrested?
 Yes No

Submit

Applicant Tracker

Restaurant Manager Change Position
 Palo Alto, CA Advanced Filtering

New (60)
Promising (1)
Maybe (1)
Offer (0)
Hired (0)

50 applicants matched out of 64

Paulette Farmer
 Palo Alto, CA
 Status: New
 Date Applied: 02/18/2015 Tax Credit: \$5,600

Stacey Pena
 Palo Alto, CA
 Status: New
 Date Applied: 02/18/2015

Thurman Ruch
 Palo Alto, CA
 Status: New
 Date Applied: 02/18/2015 Tax Credit: \$2,400

Juanita Bowes
 Palo Alto, CA
 Status: New
 Date Applied: 02/18/2015

Booker Forshee
 Palo Alto, CA
 Status: New
 Date Applied: 02/18/2015 Tax Credit: \$9,600

Page 1 of 3 1 2 3 >>

If a candidate is WOTC eligible, Payentry will display the estimated tax credit value in the candidate's application.

If you hire a WOTC eligible candidate, Payentry will automate the collection of the necessary documents you need to get your WOTC certificate.

8850 Pre-screening Notice and Certification Request for the Work Opportunity Credit

U.S. Department of Labor
 Employment and Training Administration

OMB No. 1205-0071
 Expires 08/31/2018

Your name _____ Social Security Number _____

Send address where you live _____

City or town, state, and ZIP code _____ Telephone Number _____

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

1. Check box if you received a conditional certification from the state workforce agency (SWA) or a participating local workforce development center (LWDC).
2. Check box if you are a member of a family that received Supplemental Security Income (SSI) benefits for at least 90 days during the 12-month period ending on the date you were hired.
3. Check box if you are a member of a family that received Temporary Assistance for Needy Families (TANF) benefits for at least 90 days during the 12-month period ending on the date you were hired.
4. Check box if you are a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits for at least 90 days during the 12-month period ending on the date you were hired.
5. Check box if you are a member of a family that received Supplemental Security Income (SSI) benefits for at least 90 days during the 12-month period ending on the date you were hired.
6. Check box if you are a member of a family that received Supplemental Security Income (SSI) benefits for at least 90 days during the 12-month period ending on the date you were hired.
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15. Check box if you are a member of a family that received Supplemental Security Income (SSI) benefits for at least 90 days during the 12-month period ending on the date you were hired.
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18. Check box if you are a member of a family that received Supplemental Security Income (SSI) benefits for at least 90 days during the 12-month period ending on the date you were hired.
19. Check box if you are a member of a family that received Supplemental Security Income (SSI) benefits for at least 90 days during the 12-month period ending on the date you were hired.
20. Check box if you are a member of a family that received Supplemental Security Income (SSI) benefits for at least 90 days during the 12-month period ending on the date you were hired.

Signature: All Applicants Must Sign _____

Job applicant's signature _____ Date _____

U.S. Department of Labor
 Employment and Training Administration

OMB No. 1205-0071
 Expires 08/31/2018

Individual Characteristics Form (ICF)
 Work Opportunity Credit

1 Applicant Information	2 Date Hired (or Agency Hire Date)
1.1 Applicant Name	2.1 Employer Name
1.2 Applicant Address and Telephone	2.2 Employer Federal ID Number (EIN)
1.3 Applicant Social Security Number (SSN)	2.3 Employer State Identification Number (SIN)
1.4 Applicant Date of Birth (DOB)	2.4 Employer Federal Tax Identification Number (EFTIN)
1.5 Applicant Date of Hire	2.5 Employer State Identification Number (SIN)
1.6 Applicant Date of Hire	2.6 Employer State Identification Number (SIN)
1.7 Applicant Date of Hire	2.7 Employer State Identification Number (SIN)
1.8 Applicant Date of Hire	2.8 Employer State Identification Number (SIN)
1.9 Applicant Date of Hire	2.9 Employer State Identification Number (SIN)
1.10 Applicant Date of Hire	2.10 Employer State Identification Number (SIN)
1.11 Applicant Date of Hire	2.11 Employer State Identification Number (SIN)
1.12 Applicant Date of Hire	2.12 Employer State Identification Number (SIN)
1.13 Applicant Date of Hire	2.13 Employer State Identification Number (SIN)
1.14 Applicant Date of Hire	2.14 Employer State Identification Number (SIN)
1.15 Applicant Date of Hire	2.15 Employer State Identification Number (SIN)
1.16 Applicant Date of Hire	2.16 Employer State Identification Number (SIN)
1.17 Applicant Date of Hire	2.17 Employer State Identification Number (SIN)
1.18 Applicant Date of Hire	2.18 Employer State Identification Number (SIN)
1.19 Applicant Date of Hire	2.19 Employer State Identification Number (SIN)
1.20 Applicant Date of Hire	2.20 Employer State Identification Number (SIN)