



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 16, 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 Promising (50) Maybe (1) Offer (2) Hired (1)

50 applicants matched out of 54

- 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

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

If you hire a WOTC eligible candidate, Heartland 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**

OMB No. 1545-0047

U.S. Department of Labor  
Employment and Training Administration  
OMB No. 1205-0371  
Expiration Date: August 31, 2016

**Individual Characteristics Form (ICF)  
Work Opportunity Tax Credit**

1. Control No. (if Agency use only) \_\_\_\_\_ 2. Date Received (if Agency Use only) \_\_\_\_\_

3. Applicant Information (See Instructions on reverse)

3. Employer Name \_\_\_\_\_ 4. Employer Address and Telephone \_\_\_\_\_ 5. Employer Federal ID Number (EIN) \_\_\_\_\_

6. Applicant Name (Last, First, MI) \_\_\_\_\_ 7. Social Security Number \_\_\_\_\_ 8. Have you worked for this employer before? Yes \_\_\_ No \_\_\_  
If YES, enter last date of employment: \_\_\_\_\_ If YES, enter last date of employment: \_\_\_\_\_

**APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION**

9. Employment Start Date \_\_\_\_\_ 10. Starting Wage \_\_\_\_\_ 11. Position \_\_\_\_\_

12. Are you at least age 16, but under age 40? Yes \_\_\_ No \_\_\_  
If YES, enter your date of birth: \_\_\_\_\_

13. Are you a Veteran of the U.S. Armed Forces? Yes \_\_\_ No \_\_\_  
If YES, go to Box 14.

14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? Yes \_\_\_ No \_\_\_  
If YES, enter name of primary recipient \_\_\_\_\_ and city and state where benefits were received: \_\_\_\_\_

15. Are you a veteran entitled to compensation for a service-connected disability? Yes \_\_\_ No \_\_\_  
If YES, were you discharged or released from active duty within a year before you were hired? Yes \_\_\_ No \_\_\_  
OR, were you unemployed for a continuous period of at least 6 months (whether or not consecutively) during the year before you were hired? Yes \_\_\_ No \_\_\_

16. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired? Yes \_\_\_ No \_\_\_  
OR, received SNAP benefits for at least a 3-month period within the last 6 months before you were hired? Yes \_\_\_ No \_\_\_

17. But you are no longer receiving SNAP? Yes \_\_\_ No \_\_\_

18. If YES to either question, enter name of primary recipient \_\_\_\_\_ and city and state where benefits were received: \_\_\_\_\_

19. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes \_\_\_ No \_\_\_

20. OR, by an Employment Network under the Ticket to Work Program? Yes \_\_\_ No \_\_\_

21. OR, by the Department of Veterans Affairs? Yes \_\_\_ No \_\_\_

ETA Form 8061 - (Rev. August 2015)