

Paycom

Tax Credit Questionnaire

Paycom will not disclose or use information provided by applicant except in connection with providing the subject services or to the extent otherwise authorized by Client. Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of 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 credit programs.

Print Name: First _____ Last _____	Social Security Number (last 4 digits only) XXX -- XX --
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1. Are you at least age 16, but under age 40? Yes ___ No ___
If YES, enter your date of birth _____

2. Have you ever worked for this employer before? Yes ___ No ___
If Yes, enter last date of employment _____

3. Have you been unemployed or have not worked for anyone for more than 40 hours during the past 60-day period? Yes ___ No ___

4. Are you a Veteran of the U.S. Armed Forces? Yes ___ No ___
If NO, go to Question 5

If YES, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired? Yes ___ No ___

If YES, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.

OR, 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 combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes ___ No ___

5. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? Yes ___ No ___

OR, received SNAP for at least a 3-month period within the last 5 months

But you are no longer receiving them? Yes ___ No ___

If YES to either question, enter name of *primary recipient* _____ and *city and state* where benefits were received _____.

6. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? Yes ___ No ___

OR, by an Employment Network under the Ticket to Work Program? Yes ___ No ___

OR, by the Department of Veterans Affairs? Yes ___ No ___

7. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes ___ No ___

OR, are you a member of a family that received TANF benefits for **any** 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? Yes ___ No ___

OR, did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes ___ No ___

If NO, are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? Yes ___ No ___

If YES to any question, enter name of *primary recipient* _____ and the *city and state* where benefits were received _____.

8. In the past 12 months, have you had a felony conviction, work release, or prison release? Yes ___ No ___

If YES, enter *date of conviction* _____ and *date of release* _____.

Was it a Federal _____ or a State _____ conviction? (Check one)

9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes ___ No ___

10. Are you an *Unemployed Veteran* who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes ___ No ___
OR, were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes ___ No ___
If YES, were you discharged or released from active duty at any time during the 5-year period ending on the hiring date? Yes ___ No ___
If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes ___ No ___

11. Are you at least 16 but under age 25? Yes ___ No ___
If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes ___ No ___
If YES, were you not regularly employed during that 6-month period? Yes ___ No ___
If YES, were you not employable because you lacked basic skills? Yes ___ No ___

12. If you lived in the area impacted by Hurricane Katrina on August 28, 2005, please enter the address, including county or parish and state where you lived at that time.

Street Address

City, State, Zip

County or Parish

Employer use only

Please send both pages of this Questionnaire, **both pages of the 8850 (with original signatures)**, supporting documentation to:
Paycom, ATTN: Tax Credit Dept.
7501 W Memorial Rd, MS # 150
Oklahoma City, OK 73142

This documentation is time sensitive and must be received by Paycom no later than 21 days from the new employee's start date to allow Paycom to time to review and submit the new employee's package to the State Workforce Agency. Request for certification does not guarantee approval.

Starting Wage \$ _____

Position Title _____

Hire Date _____

Start Date _____