



Unit Number: _____

Unit Phone Number: _____

Unit Hiring Contact: _____

WOTC Instructions

This employer 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. Your responses to the EY WOTC Survey will be handled in accordance with the EY WOTC Survey Privacy Notice. To view the Privacy Notice please visit: wotcgs.ey.com/privacy

Before the Call:

1. Please have WOTC Forms available.
2. Call toll free 1 844 218 1435. You will be prompted to provide some basic information during the brief survey. The survey includes questions to determine eligibility for government sponsored health insurance programs.

After the Call:

Your name: _____

Retain your confirmation number

Confirmation Number: _____

Unless instructed by a representative - No further action necessary

If instructed by a representative: Supporting documents - complete only if requested

- ☐ Form 8850
- ☐ Release notice
- ☐ Self-Attestation Form for Long-Term Unemployment (highlighted sections only)
- ☐ W-4 (included in form set)
- ☐ Copy of Driver's License/State ID

Hiring Manager: Immediately provide any requested documents to EY using one of the methods below.

Tips for Faxing:

- ▶ If it is a copy of Driver's License/State ID, enlarge the document before faxing.
- ▶ Copy on a lighter setting. Review the copy to ensure it is a good copy before faxing.
- ▶ Always add the employee confirmation number to the copy (found in gray box above).

Use one of the following methods to submit required documents indicated above to EY:

Fax Number

1 800 929 0989

OR

Mailing Address

EY Attn: WOTC Operations Center
P.O. Box 226896
Dallas, TX 75222

To help expedite processing of forms, please choose only one method to submit forms to EY.



Form **8850**
(Rev. March 2016)
Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-1500

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 Privacy Act and Paperwork Reduction Act Notice, see page 2.**

Cat. No. 22851L

Form **8850** (Rev. 3-2016)

Fax to EY: 1 800 929 0989

OR

Mail to EY: WOTC Operations Center

P.O. Box 226896 Dallas, TX 75222



LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM
Work Opportunity Tax Credit (WOTC) Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

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

New Hire's Signature: _____ Date: _____

New Hire Name: _____

Social Security Number: _____ -

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(Enter last four digits)

Employer Name: _____

Please check the statements below if they apply to you.

☐ I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

☐ I declare that I have been in a period of unemployment since _____.
(Enter start date)

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

ETA Form 9175 (Rev. November 2016)

The W-4 form below is used for documentation purposes for the Work Opportunity Tax Credit program only. Completing this W-4 will not affect your job, wages or taxes. Thank you for your participation.

For WOTC purposes only: please complete Step 1 and Step 5.

Form	W-4	Employee's Withholding Certificate Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Give Form W-4 to your employer. Your withholding is subject to review by the IRS.		OMB No. 1545-0074 <div style="font-size: 24pt; font-weight: bold;">2023</div>
Department of the Treasury Internal Revenue Service				
Step 1: Enter Personal Information		(a) First name and middle initial _____ Last name _____ Address _____ City or town, state, and ZIP code _____	(b) Social security number _____ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .	
		(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.				
Step 2: Multiple Jobs or Spouse Works		Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs. Do only one of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/> TIP: If you have self-employment income, see page 2.		
Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)				
Step 3: Claim Dependent and Other Credits		If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here 3 \$ _____		
Step 4 (optional): Other Adjustments		(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ _____ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ _____ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ _____		
Step 5: Sign Here		Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. _____ Employee's signature (This form is not valid unless you sign it.) Date		
Employers Only		Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form W-4 (2023)				

Please use one of the following methods to submit complete form to EY:

Fax: 1 800 929 0989 OR Mail: WOTC Operations Center, P.O. Box 226896, Dallas, TX 75222



Release Notice

Release Authorization - Please sign below

I authorize the Department of Vocational Rehabilitation, Veterans Administration, Tribal Governments or any other applicable agencies to provide the verification of information to EY. This information will be used for the sole purpose of determining eligibility for Federal and State Tax Credit programs.

Name:	Social Security Number:
Signature:	Date:

Use one of the following methods to submit completed form to EY:

Fax: 1 800 929 0989

OR

Mail: WOTC Operations Center, P.O. Box 226896, Dallas, TX 75222

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