

Form **8850**

(Rev. January 2013)

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](http://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.

**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 Landmark Ind DBA Timewise Food Store Telephone no. \_\_\_\_\_ EIN ► 76-0050308

Street address Headquarters: 11111 WILCREST GREEN, SUITE 100 Location: \_\_\_\_\_

City or town, state, and ZIP code Headquarters: HOUSTON, TX 77042 Location: \_\_\_\_\_

Person to contact, if different from above HR Screening Services Telephone no. 412 517 1212

Street address 521 Cedar Way, Suite 102

City or town, state, and ZIP code Oakmont, PA 15139

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 _____
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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.

<b>Employer's signature ►</b>	<b>Title</b>	<b>Date</b>
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**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** . . . . . 30 min.
- Preparing and sending this form to the SWA** . . . . . 37 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 write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:M:S, 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.



**Individual Characteristics Form (ICF)**

**Work Opportunity Tax Credit**

1. Control No. (For Agency use only)		<b>APPLICANT INFORMATION</b> (See instructions on reverse)		2. Date Received (For Agency Use only)	
<b>EMPLOYER INFORMATION</b>					
3. Employer Name		4. Employer Address and Telephone		5. Employer Federal ID Number (EIN) <b>76-0050308</b>	
<b>APPLICANT INFORMATION</b>					
6. Applicant Name (Last, First, MI)		7. Social Security Number		8. Have you worked for this employer before? Yes <input type="checkbox"/> No <input type="checkbox"/>  If <b>YES</b> , enter last date of employment: _____.	
<b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>					
9. Employment Start Date		10. Starting Wage		11. Position	
12. Are you at least age 16, but under age 40? If <b>YES</b> , enter your <i>date of birth</i> _____				Yes <input type="checkbox"/> No <input type="checkbox"/>	
13. Are you a Veteran of the U.S. Armed Forces? If <b>NO</b> , go to Box 14. If <b>YES</b> , 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? If <b>YES</b> , enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. <b>OR</b> , are you a veteran entitled to compensation for a service-connected disability? If <b>YES</b> , were you discharged or released from active duty within a year before you were hired? <b>OR</b> , were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?				Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
14. 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? <b>OR</b> , received SNAP benefits for at least a 3-month period within the last 5 months <b>But</b> you are no longer receiving them? If <b>YES to either question</b> , enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.				Yes <input type="checkbox"/> No <input type="checkbox"/>  Yes <input type="checkbox"/> No <input type="checkbox"/>	
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? <b>OR</b> , by an Employment Network under the Ticket to Work Program? <b>OR</b> , by the Department of Veterans Affairs?				Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	

16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>OR</b> , are you a member of a family that received TANF benefits for <b>any</b> 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 <input type="checkbox"/> No <input type="checkbox"/>	
<b>OR</b> , 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 <input type="checkbox"/> No <input type="checkbox"/>	
<b>If NO</b> , 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 <input type="checkbox"/> No <input type="checkbox"/>	
<b>If YES, to any question</b> , enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____.		
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>If YES</b> , enter <i>date of conviction</i> _____ and <i>date of release</i> _____.		
<b>Was this a Federal</b> <input type="checkbox"/> <b>or a State conviction</b> <input type="checkbox"/> ? (Check one)		
18. Do you live in a Rural Renewal County or Empowerment Zone?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
23. <b>Sources used to document eligibility:</b> ( <b>Employers/Consultants:</b> List all documentation provided or forthcoming. <b>SWAs:</b> List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.)		
<b>I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.</b>		
<b>24(a). Signature:</b> (See instructions in Box 24.(b) for who signs this signature block)	<b>24. (b) Signatory Options:</b> Indicate with a ✓ mark who signed this form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)	<b>25. Date:</b>

2. ■

# Employer Application for Refund of Taxes Paid to the State of Texas

Temporary Assistance for Needy Families (TANF)

**NOTE: Complete a separate form for each eligible employee, to be filed ONLY on or after January 1, 2012 and before April 1, 2012 (for wages paid in 2011).**

1. T code ■ 58100

**TWC #1098**

## Employer Information

3. Texas taxpayer number <b>76-0050308</b>		Period of claim m m d d y y		4. Begin date ■		5. End date ■	
6. Taxpayer name <b>Landmark Ind DBA Timewise Food Stores</b>				8. Blacken this box if your address has changed..... <input type="checkbox"/> 1 ■ <b>FM</b>			
7. Address <b>11111 WILCREST GREEN, SUITE 100</b>				9. FOR COMPTROLLER USE ONLY			
City <b>HOUSTON</b>		State <b>TX</b>		ZIP code <b>77042</b>		<input type="checkbox"/> 2 ■ <b>INV</b> <input type="checkbox"/> 3 ■ <b>SD</b>	
Contact person				Telephone (area code and number)			
Contact person street address (if different from above)				City		State	
				ZIP code			

**NOTE: If this form is being completed by an agent of the taxpayer, a power of attorney must be attached to this form.**

## Employee Information / Release Authorization

10. Name (Last)		11. First		12. Middle initial		13. Social Security number	
14. Employment start date		15. Employment termination date (if applicable)					
I hereby give my permission to the Texas Workforce Commission to certify to this employer or to the Texas Comptroller of Public Accounts that I was a recipient of financial assistance under TANF or MEDICAID any month within 6 months of my beginning date of employment.							
16. Employee's signature						17. Date	

## Refund Calculation

18. Total Wages paid DURING Claim Period in Items 4 and 5 above ..... 18. ■ \_\_\_\_\_

19. Eligible Wages [Multiply Item 18 by 20% (.20)] ..... 19. \_\_\_\_\_

20. Maximum Claim allowed per employee ..... 20. **\$2,000.00**

21. Refunds previously claimed for this employee ..... 21. \_\_\_\_\_

22. Maximum eligible refund for employee (Item 20 minus Item 21) ..... 22. \_\_\_\_\_

23. Refund claimed for 2011 (Enter the smaller of Item 19 or Item 22) ..... 23. ■ \_\_\_\_\_

**NOTE: The refund issued for all employees will not exceed net taxes paid and postmarked for state sales and use, franchise, boat and boat motor, inheritance, PUC gross receipts, hotel and/or manufactured housing after any applicable credits, in the calendar year that this claim covers.**

## Employer's Statement Regarding Insurance

24. I certify that this taxpayer/employer provides to and pays for the benefit of this employee a part of the cost of health insurance provided under:  
Check all that apply:  HMO Plan  Self-Funded or Self-Insured ERISA Plan  Health Plan approved by Commissioner of Insurance

**HEALTH INSURANCE PROVIDER**

25. Name		27. Group no.	
26. Street address		28. Policy no. and effective date	
City, State, ZIP code		29. Telephone (area code and number)	

I further certify under penalty of perjury that the information I have provided on this application is true and complete to the best of my knowledge and belief.

30. Employer or authorized person		Date	
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ALL RECORDS ARE SUBJECT TO AUDIT REVIEW. Employer must maintain records to support all information. If supporting documentation is needed to verify your claim, you will be contacted.

## TWC Certification

I hereby certify that the above named individual was a recipient of TANF or Medicaid any month within 6 months of the start date.

31. Authorized TWC Employee		Date	
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## Application for Refund of Taxes Paid for an Eligible Employer of a Certified Recipient of Temporary Assistance for Needy Families (TANF) or Medicaid

**Who may file:** Any Employer:

- Who pays eligible taxes that are administered by the Comptroller of Public Accounts;
- Who pays wages during the first year of employment to an employee who is a resident of Texas **and** was a certified recipient of TANF or Medicaid any month within 6 months of the start date; **and**
- Provides and pays for the employee a part of the cost of a HMO health plan, a self-funded or self-insured plan under ERISA, or health benefit plan approved by the Commissioner of Insurance.

**Note:** An employer who requests a refund for wages paid to an employee must provide the same insurance coverage to that employee as is provided to other employees in their employment.

**What taxes can be refunded:** The following taxes credited to the general revenue fund paid by the taxpayer may be refunded: state sales and use, franchise, boat and boat motor, inheritance and/or PUC gross receipts, hotel and/or manufactured housing. An employer may apply for a refund of taxes paid and postmarked in the same calendar year in which wages are paid to a certified employee.

**When to file:** The employer may apply for a tax refund for wages paid an employee in a calendar year only on or after January 1 and before April 1 of the calendar year following the year the taxes/wages were paid. For example: A refund request for wages paid in calendar year 2011 must be submitted on or after January 1, 2012 but before April 1, 2012.

**How to file:** After completing all items through Item 30, send the original application to:  
 Texas Workforce Commission  
 WOTC/State Tax Refund Unit—Room 202T  
 101 E. 15th St.  
 Austin, TX 78778-1442

Properly completed forms postmarked on or after January 1st and before April 1st will be accepted. Incomplete forms will be returned. After receiving certification from the Texas Workforce Commission, this application will be forwarded to the Comptroller of Public Accounts for further verification and, if applicable, refund issuance.

### Specific Instructions

**Employer Information**

- Item 3** - Enter the employer's Texas taxpayer number. If the employer does not have a taxpayer number for doing business in Texas, enter the employer's Federal Employer Identification Number (FEIN). Use the FEIN or Texas taxpayer number associated with the employee's W-2 form.
- Items 4 & 5** - Enter the beginning and ending dates of the period in which the taxes and wages were paid. A separate claim must be filed for each calendar year. NOTE: The ending date will be the earlier of the employee's termination date, the employee's first anniversary date, or the end of the calendar year.

EXAMPLES:

DATE OF HIRE	WHEN TO FILE	CLAIM BEGIN DATE	CLAIM END DATE
01/01/10	01/01/11 through 03/31/11	01/01/10	12/31/10
06/01/10	01/01/11 through 03/31/11 01/01/12 through 03/31/12	06/01/10 01/01/11	12/31/10 05/31/11

- Item 6** - Enter employer's name.
- Item 7** - Enter the street address, city, state, ZIP code of the employer. Also, include a name, telephone number and complete address for a contact person, if different.

**Employee Information / Release Authorization**

- Items 10, 11, & 12** - Enter the last name, first name and middle initial of the employee who was a recipient of TANF during their first month of employment.
- Item 13** - Enter the Social Security number of the employee listed in Items 10-12.
- Item 14** - Enter the employment start date of the employee listed in Items 10-12 (MM/DD/YY).
- Item 15** - Enter the termination date of the employee (if applicable) in Items 10-12. (MM/DD/YY).
- Item 16** - The employee listed in Items 10, 11, 12 & 13 MUST sign here authorizing the Texas Workforce Commission to certify that the employee was a recipient of financial assistance under TANF or Medicaid any month within 6 months of the beginning date of employment.
- Item 17** - Enter date signed.

**Refund Calculation**

- Item 18** - Enter the amount of TOTAL WAGES paid within the first year of employment to the employee during the claim period in Items 4 & 5.
- Item 19** - Enter the amount calculated by multiplying the amount in Item 18 by 20%.
- Item 21** - If this is the second claim for wages paid to an employee during their first year of employment, enter the refund amount of the first claim.
- Item 22** - Enter the difference of Item 20 minus Item 21. A maximum refund of \$2,000 may be claimed for each eligible employee. A prior claim filed for the same employee reduces the maximum amount allowed on this claim by the amount paid on the prior claim.
- Item 23** - Enter the smaller of Item 19 or Item 22. This is the refund you are claiming.

**Employer's Statement Regarding Insurance**

- Item 24** - Check the block that applies to the type of medical insurance coverage that is paid for and provided to the eligible employee.
- Item 25** - Enter name of Health Insurance Provider.
- Item 26** - Enter address of Health Insurance Provider.
- Item 27** - Enter the group number, if applicable.
- Item 28** - Enter the policy number, if applicable, and effective date of the policy.
- Item 29** - Enter the telephone number of the Health Insurance Provider.
- Item 30** - By signing, the taxpayer/employer certifies that they meet the eligibility requirements listed in the certification. If the form is completed by a duly authorized agent of the taxpayer/employer, a Power of Attorney or other written authorization must be on file with the Texas Workforce Commission WOTC/State Tax Refund Unit. Attach a copy of the Power of Attorney or other written authorization to each claim filed.
- Item 31** - Signature of authorized TWC employee.

**DO NOT SEND THIS FORM TO THE STATE COMPTROLLER**

For Tax Refund assistance please call:

Texas Workforce Commission 1-800-695-6879  
 Comptroller of Public Accounts 1-800-531-5441, ext. 34545 or 512-463-4545