

TO BE COMPLETED BY EMPLOYER

Company Name 69490 One Source Staffing	Location Number (If Applicable) ONS	Offer Date / /	Start Date / /
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TAX CREDIT QUESTIONNAIRE

This form is used to identify federal tax credits and is **NOT** intended to determine your work eligibility.

TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)

First Name	Last Name	SSN
Home Address		Date of Birth (if under 40) / /
City	State	Zip Code
Position Applying For		County
Have You Worked for this Company Before? <input type="radio"/> YES <input type="radio"/> NO		Driver's License or State ID Number State

1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance, such as Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Child Care or Transportation Assistance (CCT) or Food Stamps (FS)? YES Not Sure NO
If YES or Not Sure, please provide the following information:

Primary Recipient (Name and Social Security Number)	Relation to Yourself	City/ State Where Received
Assistance Type: (Check all that apply) <input type="radio"/> AFDC <input type="radio"/> TANF <input type="radio"/> CCT <input type="radio"/> FS	Date First Received (MM/YY)	Date Last Received (MM/YY)

2. Have you ever served on active duty in the US Military? YES Not Sure NO
If YES or Not Sure, please provide the following information:

2b. Are you eligible to receive compensation for a service connected disability? Yes No
 Date Entered (MM/YY)

Branch of Service:
 Army Navy Air Force Marines Coast Guard National Guard
 Discharge Date (MM/YY)

3. Have you ever been convicted of a felony? (Do NOT include misdemeanors) YES Not Sure NO
If YES or Not Sure, please provide the following information:

Parole/ Probation Officer Name	Parole/ Probation Officer Phone Number	Date Convicted (MM/YY)	Date Released (MM/YY)
Offense Type: <input type="radio"/> State <input type="radio"/> Federal	City/State of Conviction	County of Conviction	

4. Have you ever participated in a State or Veterans Affairs Vocational Rehabilitation Program or have you participated in the Ticket to Work program? YES Not Sure NO
If YES or Not Sure, please provide the following information:

Agency Name/Rehabilitation Program/Employment Network	Date Completed (MM/YY)
Agency City	Agency State
Agency Phone Number	

Program type: Vocational Rehabilitation Veterans Affairs Ticket to Work

5. Have you received Supplemental Security Income (SSI) benefits for yourself within the last 3 months? Do NOT include Social Security Disability Income (SSDI). YES Not Sure NO
If YES or Not Sure, please provide the following information: Date Last Received (MM/YY) ____/____/____

6. Have you been unemployed, received Unemployment Benefits or been eligible to receive Unemployment Benefits during the past year? YES Not Sure NO
If YES or Not Sure, please provide the following information:
 How many months in the past year were you unemployed? ____
 What was your last day of work with your previous employer? (MM/DD/YY) ____/____/____
 Did you receive unemployment compensation? Yes No In what state did you receive unemployment compensation? ____

EMPLOYEE DECLARATION AND RELEASE

By signing this voluntary form, I hereby authorize the release to Equifax Workforce Solutions or its agents information held by any parties needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding my criminal history, driver records, military service, SSI benefits, vocational rehabilitation services, unemployment benefits, AFDC/TANF benefits or Food Stamp benefits. I further authorize Equifax Workforce Solutions or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

Employee Signature: _____ **Date:** _____

Review for completeness and mail to:
Equifax Workforce Solutions 3470 Rider Trail South Earth City, MO 63045