

MARYLAND
Employment Opportunity Credit
 Mail-In Applicant Characteristics Form

NAME: (Last, First, Middle)	SOCIAL SECURITY NUMBER:	START DATE:
DATE OF BIRTH:	SEX:	PHONE NUMBER:
ADDRESS: (Number and Street)	CITY, STATE, and ZIP CODE	COUNTY OF RESIDENCE:

The following information will be used only to verify your eligibility for the Maryland Employment Opportunity Credit program. This program provides a tax benefit to employers who hire persons qualifying for the program. The information that you supply will be used only by the Department of Labor, Licensing & Regulation (DLLR) to determine if you are a member of this targeted group and will remain confidential.

Please read each question carefully and check YES or NO. If applicable, provide the information requested.

Please answer the following questions carefully.	Please check one.
1. Have you ever worked for this employer?	Yes _____ No _____
2. Have you lived in Maryland for the past six months?	Yes _____ No _____
3. Have you, or are you a member of a family that has received AFDC (Aid to Families with Dependent Children) or TCA for 90 consecutive days prior to your employment? If Yes, Case # Date Received - From: _____ Through: _____	Yes _____ No _____

Complete only if you answered yes to question # 3.

Please list names, ages and social security number of family members.	Social Security Number
Age:	
Age:	
Age:	
Age:	
Age:	
Age:	

APPLICANT DECLARATION

This is to certify that the information I have supplied on this form is true and correct to the best of my knowledge. I understand that any information I have supplied may be subject to verification.

Applicant Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____
 (only if applicant is under 18)

NOTE: Falsification of date on this form is a crime. Falsification of work or concealment of information is punishable by a fine or no more than \$10,000 or imprisonment of not more than five years.

**THIS FORM IS TIME
 SENSITIVE! IT MUST BE
 SIGNED AND MAILED
 IMMEDIATELY TO:**

**M.A.R.S. STOUT
 PO BOX 8026
 MISSOULA, MT 59807**

EMPLOYMENT OPPORTUNITY TAX CREDIT REQUEST/CERTIFICATION

(Mail-In)

PART I – EMPLOYER REQUEST FOR CERTIFICATION

NAME OF INDIVIDUAL: (First, Middle, Last)	SOCIAL SECURITY NUMBER:
ADDRESS: (Number, Street, State, Zip Code)	

IMPORTANT NOTICE TO THE EMPLOYER

The above named individual may be eligible for certification under the Employment Opportunity Tax Credit (EOC). If you wish to claim the Employment Opportunity Tax Credit and you have not previously requested an EOC Certification for the above named individual, then this form must be completed and mailed (**POSTMARKED**) not later than 21 days after the day the individual starts work.

EMPLOYER DECLARATION

I hereby declare that the named person was or will be employed by:

EMPLOYER NAME & ADDRESS: (NUMBER, STREET, CITY, ZIP CODE) Mail Credit to: M.A.R.S. STOUT PO BOX 8026 MISSOULA, MT 59807	EMPLOYMENT START DATE:
	STARTING WAGE (Per hour):
	JOB TITLE:
PHONE NUMBER: (Include area code) (800) 451 – 6277	IRS IDENTIFICATION: (As shown on your tax return)

I declare that the above information is correct and true to the best of my knowledge. I understand that this certification is for the purpose of obtaining the benefits of the Employment Opportunity TAX CREDIT. I understand that my records pertaining to the above named employee may be audited by federal and state agencies administering the tax credit and that the tax credit will cease immediately upon notification of any subsequent invalidation.

AUTHORIZED EMPLOYER REPRESENTATIVE

TYPE NAME AND TITLE: TERESA ANDERSON	SIGNATURE:	DATE: (Mo., Day, Yr.)
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PART II: TO BE FILLED OUT BY CERTIFYING AGENCY ONLY:

EMPLOYER CERTIFICATION Employment Opportunity Tax Credit Certification

I hereby certify that based upon the above statements, timely employer request and supporting documentation, the individual named above meets the eligibility criteria.

Targeted Group Code:

NAME OF CERTIFYING OFFICER:	SIGNATURE:	DATE:
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