

Workers with Disabilities Tax Credit (WETC) Pre-Screening Eligibility Form

The purpose of this form is to pre-screen applicant's eligibility for Workers with Disabilities Tax Credit (WETC). Submitting this form is the first step in qualifying an employee for WETC. The New York State Department of Labor must certify the job applicant as a member of the targeted groups. After starting work, the employee must meet the minimum number of hours worked requirement. The employer may elect to take the tax credit by filing the applicable credit form.

Job Applicant Section

Fill in the lines below, check any boxes that apply, read Information Release Authorization, sign and date.

Employee Name: _____ Social Security Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Telephone: _____ Email: _____

Workers with Disabilities Tax Credit (WETC)

- I have received Vocational Rehabilitation Services under a written plan from the New York State Education Department's Office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR),
- I have received services by the Office of Children and Family Services' Commission for the Blind (CB)

Information Release Authorization

The Office of Adult Career and Continuing Education Services – Vocational Rehabilitation (ACCES-VR) has my permission to release or to obtain information from agencies, {including the Client Assistance Program (CAP)}, individuals, or employers as are concerned with my vocational rehabilitation. This information may include reports about my physical or mental condition, official school records, facts necessary to determine my financial need or other information that ACCESS-VR needs to determine my eligibility and to provide vocational rehabilitation services.

I understand that:

- All Such information will be privileged and treated confidentially;
- The information will be used only for the purpose of obtaining services offered through ACCESS-VR;
- I can withdraw my permission to release or obtain information by writing to ACCESS-VR (this will not affect actions already taken with my permission); and
- ACCES-VR may need to use the information to administer the vocational rehabilitation program.

Applicant Signature: _____ Date: _____

Employer Information

Instructions:

Complete this form to apply for the New York State Workers with Disabilities Tax Credit after the job applicant begins work for you. Submit completed form to:

**The New York State Department of Labor
Harriman State Office Campus
Building 12, Room 408
Albany, NY 12240**

Keep copies of the form, along with any transmittal letters you submit, for the administration of New York State tax provisions relating to the Workers with Disabilities Tax Credit.

Employer Name: _____ FEIN: _____

New York State Employer Identification Number: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Employer Telephone: _____ Employer Contact Name: _____

Employer Contact Email: _____

Person to contact, if different from above: _____

Address: _____

City: _____ State: _____ Zip: _____

Contact Telephone: _____ Contact Email: _____

Date applicant was hired: _____

Date applicant began employment: _____

Wages: _____

Employer Acknowledgment:

Under penalties of perjury, I declare that I completed this form 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 the targeted group. I hereby request a certification that the individual is a member of the targeted group.

Employer Signature: _____ Date: _____