

Request for Verification

This company participates in various federal and state tax credit programs. The information you provide will be used to determine eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions. Your responses to the questions will only be shared with your employer's management and federal, state and local governmental agencies as needed in the administration of these programs. By completing the form, you knowingly and voluntarily waive any objection to providing your Social Security Number. Any information provided will be used in a manner consistent with the Americans with Disabilities Act (ADA).

2012 ADP Tax Credit Services
REV (Rev. 01/12)**Section 1: Please print carefully in black or blue ink**

First Name: **RODNEY**
Last Name: **LARSON**

Job Title: _____

Starting Hourly Wage: _____

Home Address: **P.O. BOX 44847** City: **EDEN PRAIRIE** State: **MN**

Section 2: Provide the following information by completing the boxes and filling in the corresponding circles**Social Security Number:****Birth Date (mm-dd-yyyy)****Zip Code:****Job Start Date (mm-dd-yyyy)****478 - 52 - 1117****09 - 27 - 1944****55344****06 - 03 - 2013**

0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3
4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4
5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5
6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6	6
7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8	8
9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9

Under penalty of perjury, I state that the information I provided is, to the best of my knowledge, true, correct and complete. I hereby authorize this company's management, and federal, state, Tribal, and local government agencies to provide information to ADP and/or State Workforce Agencies (SWA), to determine and document eligibility for federal and state tax credit programs.

Employee Signature*Rodney Lester Larson***Date***June 3, 2013*

Are you a veteran of the U.S. Armed Forces? Branch: _____	Yes ☐ No ☐	V
If yes: Are you entitled to receive monthly payments for a service-connected disability?	Yes ☐ No ☐	DV
Have you received unemployment compensation for a combined total of 4 weeks or more in the past year?	Yes ☐ No ☐	UV
Have you received unemployment compensation for a combined total of 6 months or more in the past year?	Yes ☐ No ☐	
If yes: In what state did you receive the benefits? _____		
Have you or a family member (while living in your household) received Food Stamps anytime within the last 15 months?	Yes ☐ No ☐	FS
If yes: Primary Recipient: _____ City: _____ State: _____		
Have you participated in a vocational rehabilitation program?	Yes ☐ No ☐	VR
If yes, select one: State/Local Agency: ☐ Veteran Administration: ☐ Ticket to Work: ☐		
Counselor's Name: _____ City: _____ State: _____		
Are you a member of a family that received Welfare (AFDC or TANF) or Assistance (child care, housing or transportation) in the last 24 months or is no longer eligible for Welfare because you have collected for the maximum time period?	Yes ☐ No ☐	W
If yes: Primary Recipient: _____ City: _____ State: _____		
Did you receive Supplemental Security Income (SSI) within the last 90 days?	Yes ☐ No ☐	SSI
Are you currently receiving Social Security Administration disability benefits (SSDI)?	Yes ☐ No ☐	SSDI
Have you been convicted of a felony or have you received deferred adjudication for a felony?	Yes ☐ No ☐	F
If yes: Were you released, or did you start a work release program or transition center within the past 12 months?	Yes ☐ No ☐	
If yes, was this a Federal or State conviction? Federal: ☐ State: ☐ None: ☐ (Deferred Adjudication)		
If yes: Conviction Date: _____ Release Date: _____		
Inmate #: _____ City: _____ State: _____		
Probation Officer: _____ Probation Officer Phone #: _____		

