

**EMPLOYEE VOLUNTARY SELF IDENTIFICATION FORM – EDUCATION**

Employee Name:	
Last 4 of SSN:	

Renhill is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Renhill invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary** and refusal to provide it will not affect you opportunity for employment or terms or conditions of employment and will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Gender:**  Male  Female

**Date of Birth:** \_\_\_\_\_

**Race/Ethnicity:**

*Please check one of the descriptions below corresponding to the ethnic group with which you identify.*

**Hispanic or Latino**

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

**White (Not Hispanic or Latino)**

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

**Black or African American (Not Hispanic or Latino)**

A person having origins in any of the black racial groups of Africa.

**Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)**

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**Asian (Not Hispanic or Latino)**

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

**American Indian or Alaska Native (Not Hispanic or Latino)**

A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

**Two or More Races (Not Hispanic or Latino)**

All persons who identify with more than one of the above six races.



# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2018</span>	
<b>▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>					
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption.					
<ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)

**Notice to Employee**

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Department of  
Taxation**

**Employee's Withholding Exemption Certificate**

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_  
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed ..... \_\_\_\_\_
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) ..... \_\_\_\_\_
- 3. Exemptions for dependents ..... \_\_\_\_\_
- 4. Add the exemptions that you have claimed above and enter total ..... \_\_\_\_\_
- 5. Additional withholding per pay period under agreement with employer ..... \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_

# Ohio Public School District Numbers

## ADAMS COUNTY

Adams County/Ohio Valley LSD .....	0101
Manchester LSD .....	0102

## ALLEN COUNTY

Allen East LSD .....	0201
Bath LSD .....	0202
Bluffton EVSD .....	0203
Delphos CSD .....	0204
Elida LSD .....	0205
Lima CSD .....	0206
Perry LSD .....	0207
Shawnee LSD .....	0208
Spencerville LSD .....	0209

## ASHLAND COUNTY

Ashland CSD .....	0301
Hillsdale LSD .....	0302
Loudonville-Perrysville EVSD .....	0303
Mapleton LSD .....	0304

## ASHTABULA COUNTY

Ashtabula Area CSD .....	0401
Buckeye LSD .....	0402
Conneaut Area CSD .....	0403
Geneva Area CSD .....	0404
Grand Valley LSD .....	0405
Jefferson Area LSD .....	0406
Pymatuning Valley LSD .....	0407

## ATHENS COUNTY

Alexander LSD .....	0501
Athens CSD .....	0502
Federal Hocking LSD .....	0503
Nelsonville-York CSD .....	0504
Trimble LSD .....	0505

## AUGLAIZE COUNTY

Minster LSD .....	0601
New Bremen LSD .....	0602
New Knoxville LSD .....	0603
St. Marys CSD .....	0604
Wapakoneta CSD .....	0605
Waynesfield-Goshen LSD .....	0606

## BELMONT COUNTY

Barnesville EVSD .....	0701
Bellaire CSD .....	0702
Bridgeport EVSD .....	0703
Martins Ferry CSD .....	0704
Shadyside LSD .....	0705
St. Clairsville-Richland CSD .....	0706
Union LSD .....	0707

## BROWN COUNTY

Eastern LSD .....	0801
Fayetteville-Perry LSD .....	0802
Georgetown EVSD .....	0803
Ripley Union Lewis Huntington LSD .....	0804
Western Brown LSD .....	0805

## BUTLER COUNTY

Edgewood CSD .....	0901
Fairfield CSD .....	0902
Hamilton CSD .....	0903
Lakota LSD .....	0904
Madison LSD .....	0905
Middletown CSD .....	0906
Monroe LSD .....	0910
New Miami LSD .....	0907
Ross LSD .....	0908
Talawanda CSD .....	0909

## CARROLL COUNTY

Brown LSD .....	1001
Carrollton EVSD .....	1002

## CHAMPAIGN COUNTY

Graham LSD .....	1101
Mechanicsburg EVSD .....	1102

## CHAMPAIGN COUNTY (cont'd)

Triad LSD .....	1103
Urbana CSD .....	1104
West Liberty-Salem LSD .....	1105

## CLARK COUNTY

Clark-Shawnee LSD .....	1207
Greenon LSD .....	1201
Northeastern LSD .....	1203
Northwestern LSD .....	1204
Southeastern LSD .....	1205
Springfield CSD .....	1206
Tecumseh LSD .....	1202

## CLERMONT COUNTY

Batavia LSD .....	1301
Bethel-Tate LSD .....	1302
Clermont-Northeastern LSD .....	1303
Felicity-Franklin LSD .....	1304
Goshen LSD .....	1305
Milford EVSD .....	1306
New Richmond EVSD .....	1307
West Clermont LSD .....	1308
Williamsburg LSD .....	1309

## CLINTON COUNTY

Blanchester LSD .....	1401
Clinton-Massie LSD .....	1402
East Clinton LSD .....	1403
Wilmington CSD .....	1404

## COLUMBIANA COUNTY

Beaver LSD .....	1501
Columbiana EVSD .....	1502
Crestview LSD .....	1503
East Liverpool CSD .....	1504
East Palestine CSD .....	1505
Leetonia EVSD .....	1506
Lisbon EVSD .....	1507
Salem CSD .....	1508
Southern LSD .....	1509
United LSD .....	1510
Wellsville LSD .....	1511

## COSHOCTON COUNTY

Coshocton CSD .....	1601
Ridgewood LSD .....	1602
River View LSD .....	1603

## CRAWFORD COUNTY

Buckeye Central LSD .....	1701
Bucyrus CSD .....	1702
Colonel Crawford LSD .....	1703
Crestline EVSD .....	1704
Galion CSD .....	1705
Wynford LSD .....	1706

## CUYAHOGA COUNTY

Bay Village CSD .....	1801
Beachwood CSD .....	1802
Bedford CSD .....	1803
Berea CSD .....	1804
Brecksville-Broadview Heights CSD .....	1806
Brooklyn CSD .....	1807
Chagrin Falls EVSD .....	1808
Cleveland Hts.-University Hts. CSD .....	1810
Cleveland Municipal CSD .....	1809
Cuyahoga Heights LSD .....	1811
East Cleveland CSD .....	1812
Euclid CSD .....	1813
Fairview Park CSD .....	1814
Garfield Heights CSD .....	1815
Independence LSD .....	1816
Lakewood CSD .....	1817
Maple Heights CSD .....	1818
Mayfield CSD .....	1819
North Olmsted CSD .....	1820
North Royalton CSD .....	1821
Olmsted Falls CSD .....	1822
Orange CSD .....	1823
Parma CSD .....	1824

## CUYAHOGA COUNTY (cont'd)

Richmond Heights LSD .....	1825
Rocky River CSD .....	1826
Shaker Heights CSD .....	1827
Solon CSD .....	1828
South Euclid-Lyndhurst CSD .....	1829
Strongsville CSD .....	1830
Warrensville Heights CSD .....	1831
Westlake CSD .....	1832

## DARKE COUNTY

Ansonia LSD .....	1901
Arcanum-Butler LSD .....	1902
Franklin Monroe LSD .....	1903
Greenville CSD .....	1904
Mississinawa Valley LSD .....	1905
Tri-Village LSD .....	1906
Versailles EVSD .....	1907

## DEFIANCE COUNTY

Ayersville LSD .....	2001
Central LSD .....	2002
Defiance CSD .....	2003
Hicksville EVSD .....	2004
Northeastern LSD .....	2005

## DELAWARE COUNTY

Big Walnut LSD .....	2101
Buckeye Valley LSD .....	2102
Delaware CSD .....	2103
Olentangy LSD .....	2104

## ERIE COUNTY

Berlin-Milan LSD .....	2201
Huron CSD .....	2202
Kelleys Island LSD .....	2203
Margaretta LSD .....	2204
Perkins LSD .....	2205
Sandusky CSD .....	2206
Vermilion LSD .....	2207

## FAIRFIELD COUNTY

Amanda-Clearcreek LSD .....	2301
Berne Union LSD .....	2302
Bloom-Carroll LSD .....	2303
Fairfield Union LSD .....	2304
Lancaster CSD .....	2305
Liberty Union-Thurston LSD .....	2306
Pickerington LSD .....	2307
Walnut Township LSD .....	2308

## FAYETTE COUNTY

Miami Trace LSD .....	2401
Washington Court House CSD .....	2402

## FRANKLIN COUNTY

Bexley CSD .....	2501
Canal Winchester LSD .....	2502
Columbus CSD .....	2503
Dublin CSD .....	2513
Gahanna-Jefferson CSD .....	2506
Grandview Heights CSD .....	2504
Groveport Madison LSD .....	2507
Hamilton CSD .....	2505
Hilliard CSD .....	2510
Plain LSD .....	2508
Reynoldsburg CSD .....	2509
South-Western CSD .....	2511
Upper Arlington CSD .....	2512
Westerville CSD .....	2514
Whitehall CSD .....	2515
Worthington CSD .....	2516

## FULTON COUNTY

Archbold-Area LSD .....	2601
Evergreen LSD .....	2602
Gorham Fayette LSD .....	2603
Pettisville LSD .....	2604
Pike-Delta-York LSD .....	2605
Swanton LSD .....	2606
Wauseon EVSD .....	2607

**GALLIA COUNTY**

Gallia County LSD .....	2701
Gallipolis CSD .....	2702

**GEAUGA COUNTY**

Berkshire LSD .....	2801
Cardinal LSD .....	2802
Chardon LSD .....	2803
Kenston LSD .....	2804
Ledgemont LSD .....	2805
Newbury LSD .....	2806
West Geauga LSD .....	2807

**GREENE COUNTY**

Beavercreek LSD .....	2901
Cedar Cliff LSD .....	2902
Fairborn CSD .....	2903
Greeneview LSD .....	2904
Sugarcreek LSD .....	2905
Xenia Community CSD .....	2906
Yellow Springs EVSD .....	2907

**GUERNSEY COUNTY**

Cambridge CSD .....	3001
East Guernsey LSD .....	3002
Rolling Hills LSD .....	3003

**HAMILTON COUNTY**

Cincinnati CSD .....	3101
Deer Park Community CSD .....	3102
Finneytown LSD .....	3103
Forest Hills LSD .....	3104
Indian Hill EVSD .....	3106
Lockland CSD .....	3107
Loveland CSD .....	3108
Madeira CSD .....	3109
Mariemont CSD .....	3110
Mount Healthy CSD .....	3111
North College Hill CSD .....	3112
Northwest LSD .....	3113
Norwood CSD .....	3114
Oak Hills LSD .....	3115
Princeton CSD .....	3116
Reading Community CSD .....	3117
Southwest LSD .....	3118
St. Bernard-Elmwood Place CSD .....	3119
Sycamore Community CSD .....	3120
Three Rivers LSD .....	3121
Winton Woods CSD .....	3105
* Wyoming CSD .....	3122

**HANCOCK COUNTY**

Arcadia LSD .....	3201
Arlington LSD .....	3202
Cory-Rawson LSD .....	3203
Findlay CSD .....	3204
Liberty-Benton LSD .....	3205
McComb LSD .....	3206
Van Buren LSD .....	3207
Vanlue LSD .....	3208

**HARDIN COUNTY**

Ada EVSD .....	3301
Hardin Northern LSD .....	3302
Kenton CSD .....	3303
Ridgemont LSD .....	3304
Riverdale LSD .....	3305
Upper Scioto Valley LSD .....	3306

**HARRISON COUNTY**

Conotton Valley Union LSD .....	3401
Harrison Hills CSD .....	3402

**HENRY COUNTY**

Holgate LSD .....	3501
Liberty Center LSD .....	3502
Napoleon Area CSD .....	3503
Patrick Henry LSD .....	3504

**HIGHLAND COUNTY**

Bright LSD .....	3601
Fairfield LSD .....	3602
Greenfield EVSD .....	3603
Hillsboro CSD .....	3604
Lynchburg-Clay LSD .....	3605

**HOCKING COUNTY**

Logan-Hocking LSD .....	3701
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**HOLMES COUNTY**

East Holmes LSD .....	3801
West Holmes LSD .....	3802

**HURON COUNTY**

Bellevue CSD .....	3901
Monroeville LSD .....	3902
New London LSD .....	3903
Norwalk CSD .....	3904
South Central LSD .....	3905
Western Reserve LSD .....	3906
Willard CSD .....	3907

**JACKSON COUNTY**

Jackson CSD .....	4001
Oak Hill Union LSD .....	4002
Wellston CSD .....	4003

**JEFFERSON COUNTY**

Buckeye LSD .....	4101
Edison LSD .....	4102
Indian Creek LSD .....	4103
Steubenville CSD .....	4104
Toronto CSD .....	4105

**KNOX COUNTY**

Centerburg LSD .....	4201
Danville LSD .....	4202
East Knox LSD .....	4203
Fredericktown LSD .....	4204
Mount Vernon CSD .....	4205

**LAKE COUNTY**

Fairport Harbor EVSD .....	4301
Kirtland LSD .....	4302
Madison LSD .....	4303
Mentor EVSD .....	4304
Painesville City LSD .....	4305
Painesville Township LSD .....	4306
Perry LSD .....	4307
Wickliffe CSD .....	4308
Willoughby-Eastlake CSD .....	4309

**LAWRENCE COUNTY**

Chesapeake Union EVSD .....	4401
Dawson-Bryant LSD .....	4402
Fairland LSD .....	4403
Ironton CSD .....	4404
Rock Hill LSD .....	4405
South Point LSD .....	4406
Symmes Valley LSD .....	4407

**LICKING COUNTY**

Granville EVSD .....	4501
Heath CSD .....	4502
Johnstown-Monroe LSD .....	4503
Lakewood LSD .....	4504
Licking Heights LSD .....	4505
Licking Valley LSD .....	4506
Newark CSD .....	4507
North Fork LSD .....	4508
Northridge LSD .....	4509
Southwest Licking LSD .....	4510

**LOGAN COUNTY**

Bellefontaine CSD .....	4601
Benjamin Logan LSD .....	4602
Indian Lake LSD .....	4603
Riverside LSD .....	4604

**LORAIN COUNTY**

Amherst EVSD .....	4701
Avon Lake CSD .....	4702
Avon LSD .....	4703
Clearview LSD .....	4704
Columbia LSD .....	4705
Elyria CSD .....	4706
Firelands LSD .....	4707
Keystone LSD .....	4708
Lorain CSD .....	4709
Midview LSD .....	4710
North Ridgeville CSD .....	4711
Oberlin CSD .....	4712
Sheffield-Sheffield Lake CSD .....	4713
Wellington EVSD .....	4715

**LUCAS COUNTY**

Anthony Wayne LSD .....	4801
Maumee CSD .....	4802
Oregon CSD .....	4803
Ottawa Hills LSD .....	4804

**LUCAS COUNTY (cont'd)**

Springfield LSD .....	4805
Sylvania CSD .....	4806
Toledo CSD .....	4807
Washington LSD .....	4808

**MADISON COUNTY**

Jefferson LSD .....	4901
Jonathan Alder LSD .....	4902
London CSD .....	4903
Madison-Plains LSD .....	4904

**MAHONING COUNTY**

Austintown LSD .....	5001
Boardman LSD .....	5002
Campbell CSD .....	5003
Canfield LSD .....	5004
Jackson-Milton LSD .....	5005
Lowellville LSD .....	5006
Poland LSD .....	5007
Sebring LSD .....	5008
South Range LSD .....	5009
Springfield LSD .....	5010
Struthers CSD .....	5011
West Branch LSD .....	5012
Western Reserve LSD .....	5013
Youngstown CSD .....	5014

**MARION COUNTY**

Elgin LSD .....	5101
Marion CSD .....	5102
Pleasant LSD .....	5103
Ridgedale LSD .....	5104
River Valley LSD .....	5105

**MEDINA COUNTY**

Black River LSD .....	5201
Brunswick CSD .....	5202
Buckeye LSD .....	5203
Cloverleaf LSD .....	5204
Highland LSD .....	5205
Medina CSD .....	5206
Wadsworth CSD .....	5207

**MEIGS COUNTY**

Eastern LSD .....	5301
Meigs LSD .....	5302
Southern LSD .....	5303

**MERCER COUNTY**

Celina CSD .....	5401
Coldwater EVSD .....	5402
Fort Recovery LSD .....	5406
Marion LSD .....	5403
Parkway LSD .....	5405
St. Henry Consolidated LSD .....	5407

**MIAMI COUNTY**

Bethel LSD .....	5501
Bradford EVSD .....	5502
Covington EVSD .....	5503
Miami East LSD .....	5504
Milton-Union EVSD .....	5505
Newton LSD .....	5506
Piqua CSD .....	5507
Tipp City EVSD .....	5508
Troy CSD .....	5509

**MONROE COUNTY**

Switzerland of Ohio LSD .....	5601
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**MONTGOMERY COUNTY**

Brookville LSD .....	5701
Centerville CSD .....	5702
Dayton CSD .....	5703
Huber Heights CSD .....	5715
Jefferson Township LSD .....	5704
Kettering CSD .....	5705
Mad River LSD .....	5706
Miamisburg CSD .....	5707
New Lebanon LSD .....	5708
Northmont CSD .....	5709
Northridge LSD .....	5710
Oakwood CSD .....	5711
Trotwood-Madison CSD .....	5712
Valley View LSD .....	5713
Vandalia-Butler CSD .....	5714
West Carrollton CSD .....	5716

**MORGAN COUNTY**

Morgan LSD .....	5801
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**MORROW COUNTY**

Cardington-Lincoln LSD	5901
Highland LSD	5902
Mount Gilead EVSD	5903
Northmor LSD	5904

**MUSKINGUM COUNTY**

East Muskingum LSD	6001
Franklin LSD	6002
Maysville LSD	6003
Tri-Valley LSD	6004
West Muskingum LSD	6005
Zanesville CSD	6006

**NOBLE COUNTY**

Caldwell EVSD	6101
Noble LSD	6102

**OTTAWA COUNTY**

Benton-Carroll-Salem LSD	6201
Danbury LSD	6202
Genoa Area LSD	6203
Middle Bass LSD	6204
North Bass LSD	6205
Port Clinton CSD	6206
Put-In-Bay LSD	6207

**PAULDING COUNTY**

Antwerp LSD	6301
Paulding EVSD	6302
Wayne Trace LSD	6303

**PERRY COUNTY**

Crooksville EVSD	6401
New Lexington CSD	6402
Northern LSD	6403
Southern LSD	6404

**PICKAWAY COUNTY**

Circleville CSD	6501
Logan Elm LSD	6502
Teays Valley LSD	6503
Westfall LSD	6504

**PIKE COUNTY**

Eastern LSD	6601
Scioto Valley LSD	6602
Waverly CSD	6603
Western LSD	6604

**PORTAGE COUNTY**

Aurora CSD	6701
Crestwood LSD	6702
Field LSD	6703
James A. Garfield LSD	6704
Kent CSD	6705
Ravenna CSD	6706
Rootstown LSD	6707
Southeast LSD	6708
Streetsboro CSD	6709
Waterloo LSD	6710
Windham EVSD	6711

**PREBLE COUNTY**

College Corner LSD	6801
Eaton CSD	6803
National Trail LSD	6802
Preble Shawnee LSD	6804
Tri-County North LSD	6806
Twin Valley Community LSD	6805

**PUTNAM COUNTY**

Columbus Grove LSD	6901
Continental LSD	6902
Jennings LSD	6903
Kalida LSD	6904
Leipsic LSD	6905
Miller City-New Cleveland LSD	6906
Ottawa-Glandorf LSD	6907
Ottoville LSD	6908
Pandora-Gilboa LSD	6909

**RICHLAND COUNTY**

Clear Fork Valley LSD	7001
Crestview LSD	7002
Lexington LSD	7003
Lucas LSD	7004
Madison LSD	7005
Mansfield CSD	7006
Ontario LSD	7009

**RICHLAND COUNTY (cont'd)**

Plymouth-Shiloh LSD	7007
Shelby CSD	7008

**ROSS COUNTY**

Adena LSD	7101
Chillicothe CSD	7102
Huntington LSD	7103
Paint Valley LSD	7104
Southeastern LSD	7105
Union-Scioto LSD	7106
Zane Trace LSD	7107

**SANDUSKY COUNTY**

Clyde-Green Springs EVSD	7201
Fremont CSD	7202
Gibsonburg EVSD	7203
Lakota LSD	7204
Woodmore LSD	7205

**SCIOTO COUNTY**

Bloom-Vernon LSD	7301
Clay LSD	7302
Green LSD	7303
Minford LSD	7304
New Boston LSD	7305
Northwest LSD	7306
Portsmouth CSD	7307
Valley LSD	7308
Washington-Nile LSD	7309
Whealersburg LSD	7310

**SENECA COUNTY**

Bettsville LSD	7401
Fostoria CSD	7402
Hopewell-Loudon LSD	7403
New Riegel LSD	7404
Old Fort LSD	7405
Seneca East LSD	7406
Tiffin CSD	7407

**SHELBY COUNTY**

Anna LSD	7501
Botkins LSD	7502
Fairlawn LSD	7503
Fort Loramie LSD	7504
Hardin-Houston LSD	7505
Jackson Center LSD	7506
Russia LSD	7507
Sidney CSD	7508

**STARK COUNTY**

Alliance CSD	7601
Canton CSD	7602
Canton LSD	7603
Fairless LSD	7604
Jackson LSD	7605
Lake LSD	7606
Louisville CSD	7607
Marlington LSD	7608
Massillon CSD	7609
Minerva LSD	7610
North Canton CSD	7611
Northwest LSD	7612
Osnaburg LSD	7613
Perry LSD	7614
Plain LSD	7615
Sandy Valley LSD	7616
Tuslaw LSD	7617

**SUMMIT COUNTY**

Akron CSD	7701
Barberton CSD	7702
Copley-Fairlawn CSD	7703
Coventry LSD	7704
Cuyahoga Falls CSD	7705
Green LSD	7707
Hudson CSD	7708
Manchester LSD	7706
Mogadore LSD	7709
Nordonia Hills CSD	7710
Norton CSD	7711
Revere LSD	7712
Springfield LSD	7713
Stow-Munroe Falls CSD	7714
Tallmadge CSD	7715
Twinsburg CSD	7716
Woodridge LSD	7717

**TRUMBULL COUNTY**

Bloomfield-Mespo LSD	7801
Bristol LSD	7802

**TRUMBULL COUNTY (cont'd)**

Brookfield LSD	7803
Champion LSD	7804
Girard CSD	7807
Howland LSD	7808
Hubbard EVSD	7809
Joseph Badger LSD	7810
LaBrae LSD	7811
Lakeview LSD	7812
Liberty LSD	7813
Lordstown LSD	7814
Maplewood LSD	7815
Mathews LSD	7806
McDonald LSD	7816
Newton Falls EVSD	7817
Niles CSD	7818
Southington LSD	7819
Warren CSD	7820
Weathersfield LSD	7821

**TUSCARAWAS COUNTY**

Claymont CSD	7901
Dover CSD	7902
Garaway LSD	7903
Indian Valley LSD	7904
Newcomerstown EVSD	7905
New Philadelphia CSD	7906
Strasburg-Franklin LSD	7907
Tuscarawas Valley LSD	7908

**UNION COUNTY**

Fairbanks LSD	8001
Marysville EVSD	8002
North Union LSD	8003

**VAN WERT**

Crestview LSD	8101
Lincolnview LSD	8102
Van Wert CSD	8104

**VINTON COUNTY**

Vinton County LSD	8201
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**WARREN COUNTY**

Carlisle LSD	8301
Franklin CSD	8304
Kings LSD	8303
Lebanon CSD	8305
Little Miami LSD	8306
Mason CSD	8307
Springboro Community CSD	8302
Wayne LSD	8308

**WASHINGTON COUNTY**

Belpre CSD	8401
Fort Frye LSD	8402
Frontier LSD	8403
Marietta CSD	8404
Warren LSD	8405
Wolf Creek LSD	8406

**WAYNE COUNTY**

Chippewa LSD	8501
Dalton LSD	8502
Green LSD	8503
North Central LSD	8504
Northwestern LSD	8505
Orrville CSD	8506
Rittman EVSD	8507
Southeast LSD	8508
Triway LSD	8509
Wooster CSD	8510

**WILLIAMS COUNTY**

Bryan CSD	8601
Edgerton LSD	8602
Edon-Northwest LSD	8603
Millcreek-West Unity LSD	8604
Montpelier EVSD	8605
North Central LSD	8606
Stryker LSD	8607

**WOOD COUNTY**

Bowling Green CSD	8701
Eastwood LSD	8702
Elmwood LSD	8703
Lake LSD	8704
North Baltimore LSD	8705
Northwood LSD	8706
Otsego LSD	8707
Perrysburg EVSD	8708
Rossford EVSD	8709

**WYANDOT COUNTY**

Carey EVSD	8801
Mohawk LSD	8802
* Upper Sandusky EVSD	8803



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)
Address (Street Number and Name)			Apt. Number	City or Town	State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name Renhill Group, Inc.	
Employer's Business or Organization Address (Street Number and Name) 2650 N. Reynolds Road		City or Town Toledo	State OH	ZIP Code 43615

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

**Pre-Screening Notice and Certification Request for  
the Work Opportunity Credit**

► 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.
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**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**

**TO BE COMPLETED BY EMPLOYER**

Company Name <b>72708</b> Renhill Staffing	Location Number (If Applicable) RHL	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	Have You Worked for this Company Before? <input type="radio"/> YES <input type="radio"/> NO	County
		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 PO BOX 4920 GREENVILLE, SC 29608**



72708

Renhill Staffing

RHL

U.S. Department Labor  
Employment and Training Administration

OMB Control No. 1205-0371  
Expiration Date: January 31, 2020

### LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM Work Opportunity Tax Credit (WOTC) Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

**New Hire's Signature:** \_\_\_\_\_ **Date** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

New Hire Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Employer Name: \_\_\_\_\_

**Please check all the statements that apply to you and provide the requested date. Sign and date this form where indicated.**

I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

I declare that I have been in a period of unemployment since \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
(Enter start date)

**Privacy Act Notice:** The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

**Public Burden Statement:** Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

Review for completeness and mail to:  
**Equifax Workforce Solutions PO BOX 4920 GREENVILLE, SC 29608**