

RHODE ISLAND DEPARTMENT OF LABOR & TRAINING
Center General Complex 1511 Pontiac Avenue • Cranston, RI 02920-4407
NEW EMPLOYMENT WAGE AND TAX CREDIT

Employee: Please complete (A,B,C,D,E,F,G,H,I) (1-5) Sign and Date

| | | | |
|------------------|-----------|----------------------------|------------------|
| (A) DATE OF HIRE | | | |
| (B) NAME | | (C) SOCIAL SECURITY NUMBER | |
| (D) ADDRESS | | (E) TELEPHONE NUMBER | |
| (F) CITY | (G) STATE | (H) ZIP CODE | (I) DATE OF HIRE |

UNEMPLOYMENT INSURANCE CERTIFICATION:

1. Have you been a resident of Rhode Island for 52 consecutive weeks
Prior to your hire date? YES NO
2. Have you been unemployed for at least 26 consecutive weeks
Immediately before your date of hire? YES NO
3. Have you received unemployment insurance during the one (1) year
Immediately before your date of hire? YES NO
4. When? FROM WHAT STATE?

HUMAN SERVICES CERTIFICATION:

5. Have you been a recipient of the State of RI AFDC/TANF pursuant to
Chapter 40-6 for a minimum of one (1) year preceding your date of hire? YES NO

Employee Signature _____

Date _____

EMPLOYER/EMPLOYMENT CERTIFICATION: *Please leave Date blank. Complete A-I only.*

| | | | |
|--------------------|-----------|-----------------------------|----------------------|
| DATE | | | |
| (A) BUSINESS NAME | | (B) EMPLOYER REPRESENTATIVE | |
| (C) ADDRESS | | (D) TITLE | |
| (E) CITY | (F) STATE | (G) ZIP CODE | (H) TELEPHONE NUMBER |
| (I) EMAIL ADDRESS: | | | |

Has employee worked AT LEAST 52 consecutive weeks and with a
Minimum of 1820 hours of paid employment from date of hire? YES NO

Is this the first time this employee has worked for this company? YES NO

Is employee a relative of any controlling shareholder, director, officer,
Partner owner or sole proprietor of this company? YES NO

Is employee a principal in this business either as a corporate officer,
Partner or sole proprietor? YES NO

Employer Representative _____

Title _____

Date _____