

**WorkForce West Virginia
Field Operations****Military Incentive Program****APPLICANT VOUCHER**

WorkForce Office and Address	Cost Center Number	Date Completed
P O BOX 2753 CHARLESTON, WV. 25330	Contact Person	Employee Initials
	Signature-Approving Official	Expiration Date

Part A. Introduction

The individual named below may qualify you to claim a tax credit under the Military Incentive Program (MIP) as authorized in Article 21, Section 42 or Article 24, Section 12 of Chapter 11 of the Code of West Virginia. This eligibility is subject to review forty-five days following the date of voucher. If you hire this individual and choose to claim the tax credit, you must complete Part C of the Voucher and return it to the WorkForce Office listed above. **Your request for certification must be postmarked or received by this agency within (5) working days from the day the individual starts to work or your request will be denied.**

Part B. Applicant Data

Name (Last, First, Middle)	Social Security Number
Address	Telephone Number
City and Zip Code	Percent Tax Credit

Part C. Employer Declaration

I hereby declare that the above-named individual will be employed by:

Name of Firm	Employment Starting Date	Wages
Job Title or Occupation	West Virginia Tax Number	

Please forward an Employer Certification for this employee to:
MARS STOUT INC. P O BOX MISSOULA, MT. 59807

Name of Employer Representative MARS STOUT INC.		Title CONSULTANT	
Address P O BOX 8026		Telephone Number 800-451-6277	
City MISSOULA, MT	Zip Code 59807	Date	Signature

Part D. Employment Service Verification

Request was received or postmarked within forty-five (45) days from the date of the voucher	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comments:		
Signature of Verifying Official		Date Certification Issued