



STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE
**PRE-SCREENING FOR VETERANS
APPRENTICESHIP CREDIT**

Applicant: Complete Section A and provide this form to the employer.
Employer: If the applicant is hired, complete Section B and keep this form for your records.

Section A: To be completed by the applicant

Applicant's name: _____ SSN: _____
Street address: _____
City: _____ State: _____ ZIP: _____
Employer's name: _____

Check the boxes below to determine if you would be a qualifying veteran if hired into the apprenticeship program by the employer listed above. The information you provide may be used to help the employer complete their South Carolina Income Tax return.

Each of the following is true

- I am not currently employed, and have not previously been employed, in this apprenticeship program.
- I have not previously been employed by the employer listed above.
- I previously served on active duty in the US Armed Forces.

One of the following is true

- Within the last three years, I was honorably discharged.
- Within the last three years, I was released from service due to a service-connected disability.

Under penalty of perjury, I declare that to the best of my knowledge and belief, the information entered on this form is true, correct, and complete.

Applicant's signature _____
Date

Section B: To be completed by the employer

Check the boxes that apply:

- The applicant listed above will be working in a registered apprenticeship program that was validated by the US Department of Labor.
- The applicant listed above has not previously worked for this business, in any capacity, and was not hired before June 22, 2022.

Date of hire: _____ First date of employment: _____

Under penalty of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete.

Employer's signature _____
Date

Print name _____
Title

INSTRUCTIONS

Section A: To be completed by the applicant

- Enter the name, SSN, and mailing address of the applicant.
- Enter the name of the employer.
- Check all boxes that apply to your situation.
- The applicant is required to sign and date this form.

Section B: To be completed by the employer

- Check the appropriate boxes to provide information about the applicant.
- Enter the date of hire and first date of employment for the applicant.
- The employer is **required** to sign and date this form.

What applicants need to know:

Fill out this form correctly to the best of your knowledge and belief. If you are hired, the employer may use the information you provide to help determine their eligibility for a state tax credit and to complete their South Carolina Income Tax return.

What employers need to know:

- You may request a prospective employee complete this pre-screening form to determine if they qualify as a veteran for the Veterans Apprenticeship Credit program.
- If based on this pre-screening the employee qualifies, you can confirm that they have not been claimed for the credit by another employer at **MyDORWAY.dor.sc.gov**.
- The Veterans Apprenticeship Credit is earned in the year the individual completes their 12th consecutive month of employment.
- The credit may be claimed for an eligible individual **once**, regardless of the employer.

What employers need to do:

- Complete Section B if you hire the individual into a qualifying apprenticeship program.
- Provide the date the individual was hired and the date they actually began their employment in the apprenticeship program.
- Keep a copy of this form for your records. Do not send this form to the SCDOR unless it is requested as part of an audit or review.
- Apply for the Veterans Apprenticeship Credit by completing the application process using our online tax portal at **MyDORWAY.dor.sc.gov**.

For more information about the credit refer to the TC-65, available at **dor.sc.gov/forms**, SC Code Section 12-6-3720, and South Carolina Revenue Ruling #23-1, available at **dor.sc.gov/policy**.

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the SCDOR is limited to the information necessary for the SCDOR to fulfill its statutory duties. In most instances, once this information is collected by the SCDOR, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.