



For Agency Use Only

Date Received: _____

Maryland Disability Employment Tax Credit

Applicant/Employee Information

Last Name: _____ First Name: _____ MI: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Social Security Number: _____ Date of Birth: _____
 Employment Start Date: _____ Starting Wage: \$ _____ hourly weekly
 Position/Title: _____
 Have you worked for this employer before? Yes No

If you are a **Division of Rehabilitation Services (DORS) consumer**, your DORS counselor must sign this form below as "Agency Representative." If you are **not** a DORS consumer, please indicate which of these apply to you:

- Behavioral Health Administration (BHA) consumer** – your BHA case manager should fill out the "Agency Representative" section of this form.
- Developmental Disabilities Administration (DDA) consumer** – your DDA case manager should fill out the "Agency Representative" section of this form.
- Receive Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits** – attach a copy of your benefits award letter or a copy of a benefits check. Leave the "Agency Representative" section of this form blank.
- Receive disability benefits from the Veterans' Administration (VA)** – attach a copy of your disability benefits award letter or a copy of a VA disability check **OR** have your VA case manager fill out the "Agency Representative" section of this form.

I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.

Signature of Applicant/Employee

Date

Agency Representative Information

Name: _____ Agency: DORS BHA DDA VA
 Office Address: _____
 Phone: _____ Email: _____

I certify that this individual meets the established criteria for the Maryland Disability Employment Tax Credit.

Signature of Agency Representative

Date

Employer Information

Company Name: _____ Federal I.D. Number: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Employer Representative Name: _____ Phone: _____
I certify this employee has been hired by the above referenced company.

Signature of Employer Representative

Date

When all sections have been filled out and signed, mail or fax the completed form to:

Tax Credit Program Administrator
 Maryland Department of Labor, Licensing & Regulation
 1100 N. Eutaw Street, Room 203, Baltimore, MD 21201
 410-767-2063 • 410-767-2060 Fax