

**South Carolina Department of Social Services**  
**VERIFICATION OF RECEIPT**  
**OF TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF) BENEFITS**

To: South Carolina Department of Social Services  
Division of Employment Services  
P.O. Box 1520  
Columbia, SC 29202-1520

From: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PART I: EMPLOYER'S REQUEST FOR VERIFICATION**

For the purpose of claiming a tax credit under Sections 12-6-3470 and/or 12-6-3360 of the South Carolina Code of Laws, I request verification that the individual named below received a TANF (previously referred to as Family Independence or FI) stipend prior to employment by this company.

Business Name: \_\_\_\_\_ Federal I.D. No. or SSN: \_\_\_\_\_

Address: \_\_\_\_\_

Employer/Representative's Signature: \_\_\_\_\_

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Hire Date: \_\_\_\_\_

**(Part II to be completed by employee)**

**PART II: EMPLOYEE'S INDICATION OF RECEIPT OF BENEFITS**

Did you receive a TANF stipend from the Department of Social Services for the three months before your hire date?  
 Yes  No If yes, please complete the Consent to Request Verification below. Then, return this form to your supervisor or the personnel office.

**CONSENT TO REQUEST VERIFICATION**

For the purpose of my employer claiming a South Carolina Family Independence Income Tax Credit, I hereby grant my employer permission to request verification of my current/former participation in the TANF Program from the Department of Social Services.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PART III: DEPARTMENT OF SOCIAL SERVICES VERIFICATION**

The Department of Social Services stipulates that the employee named on this form  **DID**  **DID NOT** receive a TANF stipend for the period prescribed by the S.C. tax codes cited in Part I prior to becoming employed by the business claiming the tax credit.

**Note:** Verification by SCDSS that the employee named on this form received an TANF stipend for the period prescribed in Sections 12-6-3470 and/or 12-6-3360 of the S.C. Code of Laws, of at least the three months immediately prior to the month in which the client was hired, does not constitute, in and of itself, employer eligibility for the tax credit provided by the S.C. tax codes.

Comments: \_\_\_\_\_

DSS Representative's Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Instructions:** Employers should request verification of receipt of TANF benefits from the Department of Social Services. Requests for verification should be sent at the time of hire and no later than 30 days prior to the end of the employer's tax year. Completed forms may be mailed or faxed to DSS, either at the local or state level. Addresses and contact information as well as this form are available on the SCDSS web site: [www.dss.sc.gov](http://www.dss.sc.gov).

- Employers complete Part I
- Employees complete Part II
- DSS completes Part III