



# HERO 2 HIRED

A PROGRAM BY:



**Yellow Ribbon  
Reintegration Program**

*For Those Who Serve and Those Who Support*

## Employer Fact Sheet and Forms Returning Heroes and Wounded Warrior Tax Credit



[www.H2H.jobs](http://www.H2H.jobs)



SUPPORTED BY:  
**ESGR**  
EMPLOYER SUPPORT OF  
THE GUARD AND RESERVE



## **Fact sheet on the returning heroes and wounded warrior tax credits.**

On November 21st, culminating the effort President Obama began on August 5th at Navy Yard and advanced through the American Jobs Act, the President signed The Vow to Hire Heroes Act of 2011.

This law combined provisions of the veterans' tax credits from the President's American Act, Chairman Murray's Hiring Heroes Act, and Chairman Miller's Veterans Opportunity to Work Act into a comprehensive package that will aggressively attack the unacceptably high rate of veteran's unemployment.

## **The Returning Heroes Tax Credit is a new hiring tax credit that incentives firms to hire unemployed veterans.**

- > Short-term unemployed: A new credit of 40 percent of the first \$6,000 of wages (up to \$2,400) for employers who hire veterans who have been unemployed at least 4 weeks.
- > Long-term unemployed: A new credit of 40 percent of the first \$14,000 of wages (up to \$5,600) for employers who hire veterans who have been unemployed longer than 6 months.

## **The Wounded Warrior Tax Credit doubles the existing tax credit for long-term unemployed veterans with service-connected disabilities.**

- > Maintain the existing Work Opportunity Tax Credit for veterans with service-connected disabilities (currently the maximum is \$4,800).
- > A new credit of 40 percent of the first \$24,000 of wages (up to \$9,600) for firms that hire veterans with service-connected disabilities who have been unemployed longer than 6 months.

## How businesses can apply for these credits

- ▶ Within 28 days of hiring a veteran, businesses (including both for-profit and non-profit organizations) must submit IRS form 8850 and either the Department of Labor's Employment and Training Administration (ETA) form 9061 or 9062 to their local state Work Opportunity Tax Credit coordinator for certification.
  - > ETA is working to revise and issue ETA Form 9061, and update all other program-related materials, to reflect these new tax credits. During this transition period until revised forms are issued, employers are instructed to continue to use the current ETA Form 9061. When requesting certification for the veteran target groups using ETA Form 9061, employers and consultants should do the following:
    - > When using the hard copies of Form 9061, indicate in red at the top margin of the form the veteran target group for which they are requesting certification.
    - > When using an electronic form for the 9061 with those states that are fully automated, indicate in black at the top margin of the form the veteran target group for which they are requesting certification.
  - > Companies may need the following documents from veteran hires to complete these forms for certification: DD-214 or discharge papers; reserve unit contacts; FL 21-802; unemployment insurance claim records; and birth certificate.
- ▶ Once businesses receive certification letters from their state workforce agency, they can then claim the tax credit for certified workers on their annual income tax returns (e.g., IRS form 1120 for corporations, 1065 for partnerships, and 1040 for self-employed).
- ▶ For tax purposes, this tax credit is considered a general business credit. To the extent that general business credits claimed exceed taxable liability for a given year, the excess general business credits can be carried back to prior years or carried forward to future years.

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# Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

► See separate instructions.

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_/\_\_\_\_/\_\_\_\_

- 1 ☐ Check here if you are completing this form **before** August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.
- 2 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 3 ☐ Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a Received SNAP benefits (food stamps) for the past 6 months, **or**
    - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years **and**, for at least 4 weeks during the past year, I received unemployment compensation.
  - I am at least age 16 but **not** age 25 or older, **and**:
    - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, **and**
    - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, **and**
    - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate **or** I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability **and**, during the past year, you were:
- Discharged or released from active duty in the U.S. Armed Forces, **or**
  - Unemployed for a period or periods totaling at least 6 months.
- 5 ☐ Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months, **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

**Job applicant's signature ►** \_\_\_\_\_

**Date** \_\_\_\_/\_\_\_\_/\_\_\_\_



**For Employer's Use Only**

Employer's name \_\_\_\_\_ Telephone no. ( ) - EIN ▶ \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

Person to contact, if different from above \_\_\_\_\_ Telephone no. ( ) - \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . . ▶ \_\_\_\_\_

Date applicant:

Gave information      /      /      Was offered job      /      /      Was hired      /      /      Started job      /      /

**Complete Only If Box 1 on Page 1 is Checked**

State and county or parish of job \_\_\_\_\_

☐ Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties 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. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

**Employer's signature ▶** \_\_\_\_\_ **Title** \_\_\_\_\_ **Date**      /      /

## Privacy Act and Paperwork Reduction Act Notice

*Section references are to the Internal Revenue Code.*

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** . . . . . 3 hrs., 16 min.

**Learning about the law or the form** . . . . . 46 min.

**Preparing and sending this form to the SWA** . . . . . 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

**Individual Characteristics Form (ICF)**  
**Work Opportunity Tax Credit**

**U.S. Department of Labor**  
Employment and Training Administration

1. Control No. (For Agency use only)	<b>APPLICANT INFORMATION</b> (See instructions on reverse)		OMB No. 1205-0371 Expiration Date: November 30, 2011 2. Date Received (For Agency Use only)
<b>EMPLOYER INFORMATION</b>			
3. Employer Name	4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)	
<b>APPLICANT INFORMATION</b>			
6. Applicant Name (Last, First, MI)	7. Social Security Number.	8. Have you worked for this employer before? Yes ____ No ____  If YES, enter last date of employment: _____	
<b>APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION</b>			
9. Employment Start Date	10. Starting Wage	11. Position	
12. Are you at least age 16, but under age 40? Yes ____ No ____ If YES, enter your <i>date of birth</i> _____			
13. Are you a Veteran of the U.S. Armed Forces? Yes ____ No ____ If NO, go to Box 14. If YES, are you a member of a family that received SNAP (Food Stamps) benefits the 15 months for at least 3 months during before you were hired? Yes ____ No ____ If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? Yes ____ No ____ If YES, were you discharged or released from active duty within the year before you were hired? Yes ____ No ____ OR, were you unemployed for a combined period of at least 6 months during the year before you were hired? Yes ____ No ____			
14. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired? Yes ____ No ____ OR, received SNAP benefits for at least a 3-month period within the last 5 months But you are no longer receiving them? Yes ____ No ____ If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.			

15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? <span style="float: right;">Yes ___ No ___</span> <b>OR</b> , by an Employment Network under the Ticket to Work Program? <span style="float: right;">Yes ___ No ___</span> <b>OR</b> , by the Department of Veterans Affairs? <span style="float: right;">Yes ___ No ___</span>			
16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? <span style="float: right;">Yes ___ No ___</span> <b>OR</b> , are you a member of a family that received TANF benefits for <b>any</b> 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? <span style="float: right;">Yes ___ No ___</span> <b>OR</b> , did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? Yes ___ No ___ <b>If NO</b> , are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? <span style="float: right;">Yes ___ No ___</span> <b>If YES, to any question</b> , enter name of <i>primary recipient</i> _____ and The <i>city and state</i> where benefits were received _____.			
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? <span style="float: right;">Yes ___ No ___</span> <b>If YES</b> , enter <i>date of conviction</i> _____ and <i>date of release</i> _____. <b>Was</b> this a Federal _____ or a State conviction _____? (Check one)			
18. Do you live, and plan to continue living, in an Empowerment Zone or Renewal Community? <span style="float: right;">Yes ___ No ___</span> <b>OR</b> , in a Rural Renewal County (RRC)? <span style="float: right;">Yes ___ No ___</span> <b>If YES</b> , enter <i>name of the RRC</i> : _____			
19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? <span style="float: right;">Yes ___ No ___</span>			
20. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? <span style="float: right;">Yes ___ No ___</span> <b>OR</b> were you discharged or released from active duty in the Armed Forces for a service-connected disability? <span style="float: right;">Yes ___ No ___</span> If YES, where you discharged or released from active duty in the Armed forces at any time during the 5-year period ending on the hiring date? <span style="float: right;">Yes ___ No ___</span> If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? <span style="float: right;">Yes ___ No ___</span>			
21. Are you at least age 16 but under age 25? <span style="float: right;">Yes ___ No ___</span> <b>If YES</b> , did you <b>not</b> regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? <span style="float: right;">Yes ___ No ___</span> <b>If YES</b> were you not regularly employed during that 6-month period? <span style="float: right;">Yes ___ No ___</span> <b>If YES</b> , were you not employable because you lacked basic skills? <span style="float: right;">Yes ___ No ___</span>			
22. Sources used to document eligibility: ( <b>Employers/Consultants</b> : List all documentation provided or forthcoming. <b>SWAs</b> : List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)			
<b>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.</b>			
23(a). Signature: (See instructions in Box 23b for who signs this signature block)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;"> <b>23. (b)</b> Indicate with a ✓ who signed the form:  <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA,  <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or  <input type="checkbox"/> Parent/Guardian (if applicant is a minor)         </td> <td style="width: 40%; padding: 5px; vertical-align: top;"> <b>24. Date:</b> </td> </tr> </table>	<b>23. (b)</b> Indicate with a ✓ who signed the form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)	<b>24. Date:</b>
<b>23. (b)</b> Indicate with a ✓ who signed the form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)	<b>24. Date:</b>		

**INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061.** This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or by 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification.

Boxes 1 and 2. **SWA.** For agency use only.

Boxes 3-5. **Employer Information.** Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer's representative, if any.

Boxes 6-11. **Applicant Information.** Enter the applicant's name and social security number as they appear on the applicant's social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the "48-hour" reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of "qualifying rehires" during valid "breaks in employment" (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 408) during the first year of employment.

Boxes 12-21. **Applicant Characteristics.** Read questions carefully, answer each question, and provide additional information where requested.

Box 22 **Sources to Document Eligibility.** The applicant or employer is requested to provide documentary evidence to substantiate the **YES answers** on page 1. List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentary evidence are provided below.  
**Employers:** A letter from the agency that administers a relevant program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate Food Stamp agency stating to whom Food Stamp benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs will use this box to document the sources used when verifying target group eligibility, followed by their initials and the date the determination was completed.

**Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants:** You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered **YES**.)

#### QUESTION 17

#### QUESTION 12<sup>3</sup>

- Birth Certificate
- Driver's License
- School I.D. Card<sup>1</sup>
- Work Permit<sup>1</sup>
- Federal/State/Local Gov't I.D.<sup>1</sup>
- Copy of Hospital Record of Birth

- Parole Officer's Name or Statement
- Correction Institution Records
- Court Records Extracts

#### QUESTION 18

#### QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- FL 21-802 (Issued ONLY by DVA. Certifies a Veteran with a service connected disability)
- UI claims records (for unemployed status)

- Driver's License
- Work Permit
- Utility Bills
- W-4
- Lease Papers or Landlord's Statement
- School<sup>1</sup> or Library Card<sup>2</sup>
- Voter Registration Card
- SNAP (Food Stamp) Award Letter
- Selective Service Registration Card
- Social Security Letter
- To determine if a Designated Community Resident lives in a RRC, visit the site: [www.usps.com](http://www.usps.com). **Click on Find Zip Code; Enter & Submit Address/Zip Code; Click on Mailing Industry Information; Download and Print the Information**, then compare the county of the address to the list in the June 2007 Instructions to IRS 8850.

#### QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History
- Signed Statement from Authorized Individual with Specific Description of the Months Benefits Were Received
- Case Number Identifier

#### QUESTION 19

#### QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration
- Signed Statement from Authorized Individual With Specific Description of Months Benefits Received
- **For SWAs:** To determine *Ticket Holder* (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS to 703-683-1051 to verify if applicant:  
1) is a TH, and 2) has an Individual Work Plan from and Employment Network.

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

**Notes.** 1. Where a Federal/State/Local Gov't., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual's age.  
2. Where a Library Card does not contain the holder's address another document, issued in the jurisdiction where the EZ/RC or RR County is located, must be obtained showing the holder's address.  
3. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. **Therefore, the I-9 is no longer a valid piece of documentary evidence.**

## QUESTION 20

- DD-214
- FL 21-802 (Issued ONLY by DVA. Certifies a Veteran with a service connected disability)
- Discharge Papers
- UI claims records (for unemployed status)

## QUESTION 21

### To determine age:

- Birth Certificate
- Driver's License
- Work Permit
- Copy of Hospital Record of Birth
- School I.D. Card/School Records
- Federal/State/Local Government I.D.

### To determine youth has not regularly attended any secondary, technical or post secondary school:

- Self-Attestation
- Signed letter from parent/guardian (if minor)

### To determine unemployed status during the 6-month period before hiring date:

- UI Wage Records

### To determine unemployable status due to lack of basic skills:

- Self-Attestation that he/she has a High School (HS) or GED Certificate that was awarded no less than 6 months preceding his or her hiring date and has not held a job (other than occasionally) or been admitted to a technical school or post-secondary school since receiving the certificate.

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Box 23. **Signature.** The person who completes the form signs the signature block. **Options:** (a) Employer or Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (If applicant is a minor, the parent or guardian must sign).

Box 24: **Date.** Enter the month, day and year when the form was completed.

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Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

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.....✂.....  
(Cut along dotted line and keep in your files)

**TO: THE JOB APPLICANT OR EMPLOYEE,**

THE INFORMATION AND THE SUPPORTING DOCUMENTATION YOU HAVE PROVIDED IN COMPLETING THIS FORM —OR IN SOME CASES OTHER INFORMATION THAT COULD VERIFY THE RESPONSES YOU HAVE GIVEN TO THE ITEMS/QUESTIONS IN THIS FORM— WILL BE DISCLOSED BY YOUR EMPLOYER TO THE STATE WORKFORCE AGENCY (SWA). ENTER THE SWA's NAME BELOW:

\_\_\_\_\_

\_\_\_\_\_

IN ORDER TO QUALIFY FOR A FEDERAL EMPLOYER TAX CREDIT, PROVISION OF THIS INFORMATION IS VOLUNTARY. HOWEVER, THE INFORMATION IS REQUIRED FOR YOUR EMPLOYER TO RECEIVE THE FEDERAL TAX CREDIT. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.

# Conditional Certification Work Opportunity Tax Credit

U. S. Department of Labor

Employment & Training Administration

<b>EMPLOYERS!</b> ➤ This form must be accompanied by IRS Form 8850. ➤ If you do not have IRS Form 8850, call 202-693-2786 for a copy or download it from <a href="http://www.irs.gov">www.irs.gov</a> ➤ Be sure to complete Part II of this form and IRS 8850, sign and date both forms BEFORE sending them to the State Workforce Agency (SWA) within 28 days after the new hire's employment-start date.		<b>OMB CONTROL No.</b> 1205-0371 <b>Expiration Date:</b> November 30, 2011	
1. INITIATING AGENCY CODE (For Agency Use Only)  CODE: _____		2. CONTROL NO. (For Agency Use Only) "✓" One  _____ _____ Participating Agency _____ SWA/DLA	
		3. TYPE OF CONDITIONAL CERTIFICATION  a. <input type="checkbox"/> Original  (For Summer Youth ONLY, "✓" One)  a. <input type="checkbox"/> Original    b. <input type="checkbox"/> Revalidation	
4. FOR EX-FELON TARGET GROUP ONLY. a. Conviction Date: _____    c. Correction's ID No. _____ b. Release Date: _____		5. DATE COMPLETED (MM/DD/YY)  _____	
6. STATE WORKFORCE AGENCY's NAME/ADDRESS		7. SIGNATURE (Authorized Official)	
		8. TELEPHONE No.	
<b>PART I. APPLICANT'S INFORMATION AND CONDITIONAL CERTIFICATION (CC):</b>			
9. NAME OF APPLICANT (Last, First, Middle)		10. SOCIAL SECURITY No.	
		11. TARGET GROUP CODE ("✓" if <i>Disabled Veteran</i> meets the requirements below) <b>Disabled Veteran</b> entitled to: <input type="checkbox"/> Compensation for a service-connected disability & during the past year was released/discharged from active duty, <b>or</b> <input type="checkbox"/> unemployed for a period totaling 6 months.	
12. ADDRESS (Street, City, State, Zip Code) & Telephone No.		13a. TARGET GROUP CODE ("✓" One) <input type="checkbox"/> Ticket Holder (TH) with IWP from an Employment Network, <input type="checkbox"/> Summer Youth (SY), <input type="checkbox"/> Long-Term Family Assistance Recipient (LTFAR), or <input type="checkbox"/> Designated Community Resident (DCR). If DCR, enter name of RRC in the blank: _____ <div style="text-align: right;">Name of RR County</div> Enter Code if not a TH, SY, LTFAR, or DCR	
13b. TARGET GROUP (Cont): <input type="checkbox"/> Unemployed Veteran <input type="checkbox"/> Disconnected Youth		14. APPLICANT SIGNATURE:	
<b>NOTE TO EMPLOYER:</b>			
15. The above named individual may be eligible for certification under the Work Opportunity Tax Credit. If individual is not employed before the date in the box below (Mo., Day, Yr.), this eligibility determination is subject to review.  <div style="border: 1px solid black; width: 150px; height: 20px;"></div>		In the event you hire this person, you should request the certification necessary for you to claim a Work Opportunity Tax Credit (WOTC). Simply, complete and sign the Employer Declaration below, mail to the SWA or Designated Local Agency together with IRS Form 8850, <b>not later than the 28<sup>th</sup> day after the applicant starts work</b> . The WOTC Employer Certification will be sent to you, if all statutory requirements have been met.	
<b>PART II. EMPLOYER DECLARATION: I, hereby, declare that the above named person is or will be employed by:</b>			
16. NAME OF FIRM AND ADDRESS:		17. POSITON/JOB TITLE:	
		18. EMPLOYMENT-START DATE:	
		19. STARTING WAGE:  \$ _____ per hr.	
<b>ATTN SWA:</b> Please send a WOTC Certification for this employee. The pre-certification is for the purpose of requesting Certification to obtain the WOTC under Sec. 51 of the Internal Revenue Code. Employers are advised that such credit will cease immediately upon notification of any subsequent invalidation/revocation. Employers are further advised that if the certification herein requested is for a member of the SUMMER YOUTH target group, the tax credit for which he/she may be eligible is subject to the limits described at Sec. 51 (d)(7) of the Internal Revenue Code.			
<b>NOTE: Falsification of data on this form is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine or imprisonment.</b>			
20. EMPLOYER'S NAME:		21. EMPLOYER'S SIGNATURE:	
		22. DATE: ((MM/DD/YY))	

**CONDITIONAL CERTIFICATION (CC) ETA FORM 9062.** When a SWA/DLA or Participating Agency (PA) determines that a job-ready applicant is, tentatively, ELIGIBLE as a member of a target group under the consolidated WOTC, it shall use this required form, without modification, to show that an eligibility determination was made for this person. **Note.** The CC serves as an official record of the pre-certification, alerts prospective employers to the availability of the tax credit if this person is hired, and provides a means for employers to request a WOTC certification for this person.

**INSTRUCTIONS FOR COMPLETING THE "CONDITIONAL CERTIFICATION" FORM. (Boxes 1-15 are for Participating Agency (PA) and SWA/DLA use only)**

- Box 1:** **Initiating Agency Code.** If the CC was issued by a Participating Agency, enter its code. SWAs/DLAs assign codes to designate each PA and indicate the initiating source for the eligibility determination process. If the eligibility determination was performed by the SWA/DLA, enter the SWA/DLA code, if available. Indicate with a check mark "✓" if initiating agency is a PA or SWA/DLA.
- Box 2:** **Control Number.** Usually the PA determines the control number (CN). However, SWAs/DLAs may, for internal control purposes, develop their own CN system. It may be a case number or some other appropriate designation (e.g., alpha-numeric designation), which permits easy filing, certification and retrieval of forms. Enter corresponding CN and indicate with a check mark "✓" whether the source is a PA or a SWA/DLA.
- Box 3:** **Type of Conditional Certification.** This system distinguishes between "Original," if the individual is being processed for the first time, or "Revalidation," if the eligibility process was performed within the previous 12-month period, (e.g., 45 days for the Summer Youth target group only). Otherwise, the Conditional Certification is counted as "Original." Indicate with a check mark "✓" whether the eligibility determination is "Original" or "Revalidation."
- Box 4:** **For Ex-Felon Target Group Only.** For items a - c, enter the corresponding information. This information will help you in verifying target group eligibility.
- Box 5:** **Date Completed.** Enter the month, day, year in which the eligibility determination was completed.
- Box 6:** **SWA/DLA's Name and Address.** (If known, enter or stamp the name and address, including zip code, of the SWA/DLA responsible for Certification requests for the employer indicated in Box 16. Leave blank if SWA/DLA's name and address is unknown.
- Box 7:** **Signature.** Enter signature of the authorized conditionally-certifying official.
- Box 8:** **Telephone No.** Enter corresponding SWA/DLA or PA area code, telephone number and extension, if available.

**PART I. APPLICANT'S INFORMATION AND CONDITIONAL CERTIFICATION (CC):**

- Box 9:** **Name of Individual.** Enter the individual's/applicant's full name (i.e., last name, first name and middle initial).
- Box 10:** **Social Security Number.** Enter the individual's/applicant's Social Security Number.
- Box 11:** **Target Group Code.** Enter a check mark "✓" to indicate if individual is being pre-certified as a Disabled Veteran meeting the requirements introduced by P.L. 110-28.
- Box 12:** **Address/Telephone No.** Enter the individual's/applicant's home address, including apartment number and zip code. After address, enter individual's telephone number, including area code.
- Box 13a:** **Target Group Code.** Enter a check mark "✓" to indicate if "Summer Youth, "Ticket Holder (TH)" with an IWP from an Employment Network (EN), Long-term Family Assistance Recipient (LTFAR), or Designated Community Resident (DCR). If a DCR living in a RRC, enter name of county on the blank space. If different from Summer Youth, Ticket Holder, LTFAR, or DCR, enter code for specific WOTC target group based on applicant's information and available documentation.
- Box 13b:** **Target Group Code (Continued).** Enter a check mark "✓" to indicate if individual is being pre-certified as "Unemployed Veteran" or "Disconnected Youth" meeting the requirements introduced by the Recovery Act of 2009, P.L. 111-5.
- Box 14:** **Signature.** Get applicant's signature. If a minor, parent or guardian must sign here.
- Box 15:** **CC Validity Period.** (This box is to be completed by the SWA/DLA or PA). Enter the month/day/year when the CC expires (e.g., 45 days for Summer Youth)



**PART II. EMPLOYER DECLARATION:**

**Box 16:** **Name of Firm.** Enter full name of the employing firm (the firm where the employee will actually work).

**Box 17:** **Position/Job Title.** Enter the position or job title the employee will hold.

**Box 18:** **Employment-Start Date.** Enter the date the employee began or will begin work for the employing firm.

**Box 19:** **Starting Wage.** Enter the wage or salary which the employee will be paid. If not known, enter an estimated wage.

**Box 20:** **Employer's Name and Signature.** Enter your name as the hiring employer.

**Box 21:** **Employer's Signature.** Sign this form.

**Box 22:** **Date.** Enter month, day and year when you signed this form.

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Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents' obligation to reply to these questions is required for obtaining the tax credit per P.L. 104-188. Public reporting burden for this collection of information is estimated to average .33 minutes per response, including the time for reading instruction, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371)

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