



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

1. Control No. (For Agency use only)		APPLICANT INFORMATION (See instructions on reverse)		2. Date Received (For Agency Use only)	
EMPLOYER INFORMATION					
3. Employer Name		4. Employer Address and Telephone		5. Employer Federal ID Number (EIN)	
APPLICANT INFORMATION					
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: _____	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION					
9. Employment Start Date		10. Starting Wage		11. Position	
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____		SAMPLE		Yes ___ No ___	
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired? 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? If YES, were you discharged or released from active duty within a year before you were hired? OR, were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?				Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	
14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for the 6 months before you were hired? OR, received Food Stamps for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ And <i>city and state</i> where benefits were received _____.				Yes ___ No ___ Yes ___ No ___	
15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR, by an Employment Network under the Ticket to Work Program? OR, by the Department of Veterans Affairs?				Yes ___ No ___ Yes ___ No ___ Yes ___ No ___	

<p>16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? Yes___ No___</p> <p>OR, are you a member of a family that received TANF benefits for any 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? Yes___ No___</p> <p>OR, 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___</p> <p>If NO, are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired? Yes___ No___</p> <p>If YES, to any question, enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____.</p>	
<p>17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? Yes___ No___</p> <p>If YES, enter <i>date of conviction</i> _____ and <i>date of release</i> _____.</p> <p>Was this a Federal ___ or a State conviction ___? (Check one)</p>	
<p>18. Do you live in a Empowerment Zone or Rural Renewal Community? Yes___ No___</p>	
<p>19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes___ No___</p>	
<p>20. Are you an <i>Unemployed Veteran</i> 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? Yes___ No___</p> <p>OR were you discharged or released from active duty in the Armed Forces for a service-disconnected disability? Yes___ No___</p> <p>If YES, were you discharged or released from active duty at any time during the 5-year ending on the hiring date? Yes___ No___</p> <p>If YES, did you receive unemployment compensation for not less than four weeks during the One-year period ending on the hiring date? Yes___ No___</p>	
<p>21. Are you a member of the <i>Disconnected Youth</i> group because you are at least age 16 but under age 25? and Yes___ No___</p> <p>Not regularly attending any secondary, technical, or post-secondary school during the 6-month period before your hiring date? and Yes___ No___</p> <p>Not regularly employed (other than occasionally) during that 6-month period? and Yes___ No___</p> <p>Not employable for lacking a sufficient number of basic skills? Yes___ No___</p>	
<p>20. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired? Yes___ No___</p>	
<p>21. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired? Yes___ No___</p>	
<p>22. Sources used to document eligibility: (Employers/Consultants: List all documentation provided or forthcoming. SWAs: List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)</p>	
<p>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.</p>	
<p>23(a). Signature: (See instructions for Box 21 for who signs this signature block)</p>	<p>23. (b) Indicate with a ✓ who signed the form:</p> <p><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)</p>
<p>24. Date:</p>	

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 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. Every certification request must include an IRS Form 8850 and an ETA Form 9061 or 9062, if a Conditional Certification was issued to the individual pre-certifying the new hire as "eligible" under the requested target group.

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 in Boxes 12 through 21.** 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. 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 12³

- Birth Certificate
- Driver's License
- School I.D. Card¹
- Work Permit¹
- Federal/State/Local Gov't I.D.¹
- Copy of Hospital Record of Birth



QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- Letter Issued Only by the Department of Veterans Affairs (VA) on DVA Letterhead Certifying the Veteran Has a Service-Connected Disability.

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 15

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

QUESTION 17

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

QUESTION 18

- ~~Driver's License~~
- ~~Work Permit~~
- ~~Utility Bills~~
- ~~W-4~~
- ~~Lease Papers~~
- ~~Library Card²~~
- ~~Voter Registration Card~~
- ~~SNAP (Food Stamp) Award Letter~~
- ~~Selective Service Registration Card~~
- To determine if a Designated Community Resident lives in a RRC, visit the site: 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 **Jan. 2012** Instructions to IRS 8850.

QUESTION 19

- 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 showing the jurisdiction where the RRC 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.**

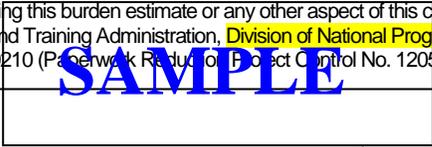
QUESTIONS 20 and 21

- Unemployment Insurance (UI) Claims Records
- UI Wage Records

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.

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 National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).



(Cut along dotted line and keep in your files)

TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. 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.*

**Individual Characteristics Form (ICF)
Work Opportunity Tax Credit**
U.S. Department of Labor
Employment and Training Administration

1. Numero de Control (Para uso de la Agencia solamente)		SPANISH VERSION		OMB No. 1205-0371 Fecha de Expiración: April 30, 2012	
		Información del Solicitante		2. Fecha en que la información fue recibida.	
		(Esta forma en Español NO es la oficial. Úsela solo para familiarizarse con las preguntas. Luego conteste, firme, y feche la forma en Inglés)			
INFORMACION DEL PATRONO					
3. Nombre del Patrono		4. Dirección y Teléfono del Patrono		5. Numero Federal ID (EIN) (Patrono)	
INFORMACION DEL SOLICITANTE					
6. Nombre del Solicitante (Apellido, Primer, Inicial)		7. Numero Seguro Social:		8. Ha trabajado para este patrono antes? Si ___ No ___ Si contesta Si provea la fecha de su ultimo empleo: _____	
REQUISITOS QUE HACEN AL SOLICITANTE ELEGIBLE PARA CERTIFICACION BAJO WOTC					
9. Fecha en que comenzó a Trabajar:		10. Salario:		11. Posicion/Titulo:	
12. Tiene Ud., por lo menos 16 años, pero es menor de 40? Si contesta SI , provea su <i>fecha de nacimiento</i> .		SAMPLE		Si ___ No ___	
13. Es Ud. un Veterano de las Fuerzas Armadas de los Estados Unidos de América (USA)? Si contesta NO , llene el encasillado 14. Si contesta SI , es Ud. miembro de una familia que recibió beneficios de "Pan y Trabajo" (Aplica a Puerto Rico solamente o que recibió Cupones para Alimentos (Programa Suplementario de Asistencia Nutricional (SNAP) (o sea Food Stamps) por lo menos por 3 mese durante los 15 meses antes de ser empleado? Si contesta SI , provea nombre del <i>beneficiario principal</i> _____ y el nombre de la ciudad/estado donde recibió los beneficios _____, O , es Ud. un Veterano con derecho a beneficios por <i>Incapacidad Física</i> relacionados con su <i>servicio militar</i> ? Si contesta SI , fue Ud. dado de baja del servicio activo militar un año antes de ser empleado? O , estuvo Ud. desempleado por un periodo de por lo menos 6 meses durante el año antes de ser empleado?				Si ___ No ___ Si ___ No ___ Si ___ No ___	
14. Es Ud. miembro de una familia que recibió beneficios bajo el <i>Programa Pan y Trabajo</i> (en P.R.) o beneficios bajo el Programa Suplementario de Asistencia Nutricional (SNAP) Cupones de Alimento (o sea Food Stamps) durante los 6 meses antes de ser empleado? O , recibió beneficios bajo el programan SNAP (Cupones de Alimentos) por un periodo de 3 meses durante los 5 meses antes de ser empleado pero ya no recibe estos beneficios? Si contesta SI , a cualquiera de las preguntas, provea el nombre del <i>beneficiario principal</i> _____ y la ciudad/estado donde los beneficios fueron recibidos _____.				Si ___ No ___ Si ___ No ___	
Ciudad/Estado					

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

U.S. Department of Labor
 Employment and Training Administration

SPANISH VERSION

15. Fue Ud. referido a un patrono por una Agencia de Rehabilitación Vocacional Estatal? <input type="radio"/> , por un "Employment Network" bajo el programa "Ticket to Work" del Seguro Social? <input type="radio"/> , por el Departamento de Asuntos del Veterano?	Si ___ No ___ Si ___ No ___ Si ___ No ___
16. Es Ud., miembro de una familia que recibió asistencia TANF por lo menos en los últimos 18 meses antes de ser empleado? <input type="radio"/> , es Ud. miembro de una familia que recibió asistencia TANF por cualquier periodo de 18 meses comenzando estos beneficios después del 5 de agosto de 1997, y el ultimo periodo de 18 meses que comenzó después del 5 de agosto de 1997, termino 2 años antes de Ud. ser empleado? <input type="radio"/> , su familia no calificó para asistencia TANF durante 2 años antes de ser empleado pero una ley Federal o estatal limito el período máximo para Ud. recibir esos pagos? Si contesta No , es Ud., miembro de una familia que recibió asistencia TANF por 9 meses durante los 18 meses antes de ser empleado? Si contesta Si , provea el nombre del <i>beneficiario principal</i> _____ <div style="text-align: right;">Nombre</div> y el nombre de la ciudad/estado donde los beneficios fueron recibidos _____ <div style="text-align: right;">Ciudad/Estado</div>	Si ___ No ___ Si ___ No ___ Si ___ No ___ Si ___ No ___
17. Fue Ud. convicto por un delito o violación a la ley y puesto en libertad después de la encarcelación durante el año antes de Ud. ser empleado? Si contesta Si , provea la <i>fecha de aprehensión (o de captura)</i> _____ y la fecha de excarcelación (o cuando fue puesto en libertad) _____. Indique con un (✓) si esta fue una convicción Federal _____ o Estatal _____.	Si ___ No ___
18. Vive Ud. en un "Empowerment Zone" o "Renewal Community?" <input type="radio"/> , en un "Rural Renewal County (RRC) o Condado?" Si contesta Si , provea el nombre del RRC _____ <div style="text-align: right;">Nombre del RRC</div>	Si ___ No ___ Si ___ No ___
19. Recibió Ud. beneficios de "Supplemental Security Income (SSI)" por cualquier mes que termino 60 días antes de ser empleado?	Si ___ No ___
20. Es Ud., un Veterano Desempleado que estuvo en servicio activo militar (excepto servicio activo para adiestramiento) en las Fuerzas Armadas de los Estados Unidos de America (EUA) por un periodo mayor de 180 días? <input type="radio"/> , fue dado de baja del servicio activo militar de las Fuerzas Armadas de los EUA debido a una <i>Incapacidad Física</i> como resultado de su <i>servicio militar</i> ? Si conteste Si , fue Ud., dado de baja del servicio activo militar de las Fuerzas Armadas de los EUA en cualquier fecha durante un periodo de 5 años antes de ser empleado? Si contestó Si , recibió Ud., beneficios por desempleo (UI) por un periodo no menor de 4 semanas durante el año inmediatamente antes de ser empleado?	Si ___ No ___ Si ___ No ___ Si ___ No ___ Si ___ No ___
21. Es Ud., miembro del grupo de Jóvenes Desconectados (Disconnected Youth) porque tiene por lo menos 16 años de edad pero menos de 25? Si contestaste Si , no has ido regularmente a ninguna escuela secundaria, técnica, o post-secundaria durante un periodo de 6 meses antes de la fecha en que fuiste empleado? Si contestaste Si , no has sido empleado regularmente (excepto ocasionalmente) durante dicho periodo de 6 meses, Y Si contestaste Si , no eres candidato para ser empleado debido a que no tienes las destrezas laborables necesarias?	Si ___ No ___ Si ___ No ___ Si ___ No ___ Si ___ No ___
20. Es Ud., un Veterano y ha estado desempleado por un período combinado de 6 meses (consecutivos o no)	

durante el año inmediatamente antes de ser empleado?

Si ___ No ___

21. Es Ud., un Veterano y ha estado desempleado por un periodo combinado de, por lo menos, 4 semanas pero menos de 6 meses durante el año inmediatamente antes de ser empleado?

Si ___ No ___

Pagina 2 de 2

(Rev. Aug. 2009)

20. Evidencia para documentar elegibilidad: (Patronos: Favor nombrar los documentos que envi6 con esta forma o los que enviara luego. SWAs: indiquen los documentos que usaron para determinar si el individuo es elegible o no. Entre sus iniciales y la fecha en que completo esta determinaci6n)

SAMPLE

Pregunta 13:

Carta Recibida de la Administraci6n de Veteranos (VA) Con Informaci6n Sobre Incapacidad F6sica (Ej. Compensaci6n o Beneficios) Debido Al Servicio Militar. Debe tener el membrete oficial de VA y estar debidamente firmada por personal oficial.

Patrono o Veterano:

Documentaci6n necesaria para corroborar su estado como *Veterano Desempleado* durante el periodo requerido:

Preguntas 20 y 21.

Expedientes de Reclamo Beneficios por Desempleo (UI)

Expedientes de Salario, Unidad de Beneficios por Desempleo (UI)

Certifico que esta informaci6n es ver6dica y correcta y entiendo que dicha informaci6n esta sujeta a verificaci6n.

21. Firma: (Vea instrucciones en Ingles para saber quien firma este encasillado)

21. (b) Indique con un ✓ quien firmo la forma:

- Patrono, Representante, SWA,
- Agencia Participante, Solicitante, o
- Padre/Guardi6n (si el solicitante es menor de edad)

22. Fecha:



**Conditional Certification
Work Opportunity Tax Credit**

EMPLOYERS!			
<p>➤ 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 www.irs.gov ➤ 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. IRS granted a "Relief Filing Period" that applies to veterans' applications. See additional information in the "Note to Employer" section below.</p>			
1. INITIATING AGENCY CODE (For Agency Use Only) CODE: _____	2. CONTROL NO. (For Agency Use Only) "✓" One ____ Participating Agency ____ SWA	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.
SAMPLE			
PART I. APPLICANT'S INFORMATION AND CONDITIONAL CERTIFICATION (WOTC):			
9. NAME OF APPLICANT (Last, First, Middle)		10. SOCIAL SECURITY No.	11. ENTER TARGET GROUP CODE OTHER THAN "Veteran": _____
12. ADDRESS (Street, City, State, Zip Code) & Telephone No.		13a. VETERAN TARGET GROUP CODES ("✓" One): <input type="checkbox"/> 2Ba. Qualified Veteran receiving SNAP benefits <input type="checkbox"/> 2Bb. Disabled Veteran <input type="checkbox"/> 2Bc. Disabled Veteran unemployed for 6 months <input type="checkbox"/> 2Bd. Veteran unemployed for 4 weeks but less than 6 months <input type="checkbox"/> 2Be. Veteran unemployed for 6 months	
13b. TARGET GROUP CODE (Cont): _____ <input type="checkbox"/> Unemployed Veteran <input type="checkbox"/> Disconnected Youth		14. APPLICANT SIGNATURE:	
NOTE TO EMPLOYER:			
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. _____		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, submit to the SWA together with IRS Form 8850, <i>not later than June 19, 2012 for veterans that began employment for you on or after November 22, 2011 and before May 22, 2012. For veterans who began employment for you after May 22, 2012 and before January 1, 2013, submit to the SWA not later than 28 days after the applicant started work.</i> The WOTC Employer Certification will be sent to you, if all statutory requirements have been met.	
PART II. EMPLOYER DECLARATION: I, hereby, declare that the above named person is or will be employed by:			
16. NAME OF FIRM AND ADDRESS:	17. POSITION/JOB TITLE:	18. EMPLOYMENT-START DATE:	19. STARTING WAGE: \$ _____ per hr
ATTN SWA: 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 and 52 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.			
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.			
20. EMPLOYER'S NAME:		21. EMPLOYER'S SIGNATURE:	22. DATE: ((MM/DD/YY))

CONDITIONAL CERTIFICATION (CC) ETA FORM 9062. When a SWA or Participating Agency (PA) determines that a job-ready applicant is, tentatively, ELIGIBLE as a member of a target group under 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 veteran 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 use only)

- Box 1:** **Initiating Agency Code.** If the CC was issued by a Participating Agency, enter its code. SWAs 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, enter the SWA code, if available. Indicate with a check mark "✓" if initiating agency is a PA or SWA.
- Box 2:** **Control Number.** Usually the PA determines the control number (CN). However, SWAs 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.
- 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.
- SAMPLE
- Box 5:** **Date Completed.** Enter the month, day, year in which the eligibility determination was completed.
- Box 6:** **SWA's Name and Address.** If known, enter or stamp the name and address, including zip code, of the SWA responsible for Certification requests for the employer indicated in Box 16. Leave blank if SWA's name and address is unknown.
- Box 7:** **Signature.** Enter signature of the authorized conditionally-certifying official.
- Box 8:** **Telephone No.** Enter corresponding SWA 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 the code or name of the pre-certified non-veteran group.
- 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.** The 1996 original target group designation for a Qualified Veteran is "B." To facilitate the identification of the different veteran categories created by the VOW to Hire Heroes Act of 2011 (P.L. 112-56), ETA is using the same alpha-numeric designations used to collect the number of certifications issued for the amended veteran categories in ETA Form 9058 – Report 1. To ensure a simple, uniform and consistent certification system which can be used by the SWAs nationwide each new veteran category is preceded by "B" and followed by the alpha-numeric code used in ETA Form 9058. All the SWAs need to do is enter a check mark "✓" in front of the veteran group certified.
- 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 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.** Affix your electronic or ink signature here.
- Box 22:** **Date.** Enter month, day and year when you signed this form.

SAMPLE

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, Employment and Training Administration, **Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510**, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371)

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. 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.*



**Employer Certification
Work Opportunity Tax Credit
(OPTIONAL FORMAT)**

1. NAME/ADDRESS OF CERTIFYING AGENCY AND TELEPHONE NO.	2. CONTROL NO. (For Agency Use Only)	3. DATE COMPLETED:
4. INITIATING AGENCY CODE (For Agency Use Only)		

PART A. EMPLOYER

5. NAME/ADDRESS OF FIRM/TELEPHONE NO.	6. EMPLOYER TAX/EIN #: <div style="text-align: center; font-size: 2em; color: blue; font-weight: bold;">SAMPLE</div>	7. REPRESENTATIVE'S NAME, TITLE & ADDRESS.
---------------------------------------	---	--

PART B. EMPLOYEE

8. SOCIAL SECURITY NO.	9. EMPLOYMENT START DATE (Mo/ Day/Yr.)
10. NAME AND ADDRESS OF EMPLOYEE:	12. VETERAN TARGET GROUP CODES: ("✓" those that apply) <input type="checkbox"/> 2Ba. Qualified Veteran receiving SNAP benefits <input type="checkbox"/> 2Bb. Disabled Veteran <input type="checkbox"/> 2Bc. Disabled Veteran unemployed for 6 months <input type="checkbox"/> 2Bd. Veteran unemployed for 4 weeks but less than 6 months <input type="checkbox"/> 2Be. Veteran unemployed for 6 months <input type="checkbox"/> Unemployed Veteran <input type="checkbox"/> Disconnected Youth
11. NON-VETERAN TARGET GROUP CODE AND NAME:	

PART C. CERTIFICATION

I HEREBY CERTIFY that the individual named in Part B meets the eligibility criteria of Sec. 51 of the Internal Revenue Code.

13. NAME OF CERTIFYING OFFICER (Print or Type)	14. SIGNATURE. (Certifying Officer)	15. DATE ISSUED:
--	-------------------------------------	------------------

Comments to Employers:

* The VOW to Hire Heroes Act of 2011 (P.L. 112-56) extends and amends the current veteran group, creates two additional categories of unemployed veterans in Section 51 of the Internal Revenue Code, and makes the WOTC available to qualified tax-exempt organizations in Section 52. The VOW Act grants the WOTC to employers that hire certain qualified veterans who begin employment on or after November 22, 2011 and before January 1, 2013. This Act did not extend the non-veteran WOTC categories, which expired on December 31, 2011.

For additional information on filing certification requests to the State Workforce Agencies (SWA) and veterans' eligibility requirements visit WOTC's national website at www.doleta.gov/wotc to obtain an e-copy of TEGL No. xx-xx, a brochure on "WOTC and Veterans" and a Fact Sheet that provides an overview of the provisions in the VOW Act. Employers are also encouraged to visit IRS's website at www.irs.gov to obtain e-copies of IRS's Notice 2012 -13 and the January 2012 IRS Form 8850 and Instructions.

EMPLOYERS: Before you can claim the WOTC, your new hire(s) must work the required number of hours to meet the Minimum Employment or Retention Period. Visit IRS's website at: www.irs.gov for additional information on this and other requirements.

Note. More information is available in the instructions for IRS Form 8850 & 5884, *Work Opportunity Credit*, for tax year 2012.

NOTE: Falsification of data to obtain this Certification is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine or imprisonment

INSTRUCTIONS FOR COMPLETING AND ISSUING THE CERTIFICATION FORM (CF) ETA 9063.

Documentary evidence of eligibility and/or collateral contacts is required to issue a WOTC Certification. Information on the Certification substantiates the employer is entitled to claim a tax credit against the first-year wages paid to the new hire.

Note: SWAs must inform each employer who receives a WOTC Certification of the required *Minimum Employment Period* as stated in the "Comment Box" of the Certification. **However, enforcement of this requirement is, strictly, an IRS responsibility.**

Boxes to be completed on the Certification:

- Box 1:** **Name and Address.** Identify the SWA and include the appropriate address and zip code.
- Box 2.** **Control Number.** Enter the control number developed by the SWA for its own use.
- Box 3.** **Date Completed.** Enter the month, day and year when the form was completed.
- Box 4.** **Initiating Agency Code.** Enter agency code developed by SWA for its own use.
- Box 5.** **Name and Address of Firm.** Enter employer's name and address including zip code.
- Box 6.** **Employer Tax EIN Number.** Enter employer's taxpayer identification.
- Box 7.** **Representative's Name, Title and Address.** Enter the name, title and office location of the individual **authorized** by the employer to act on the employer's behalf.
- Box 8.** **Social Security No.** Enter the employee's social security number.
- Box 9.** **Employment Start Date.** Enter the month, day and year when the employee began to work for the employing firm.
- Box 10.** **Name and Address of Employee.** Enter the employee's full name (i.e., last name, first and initial) and address including zip code and telephone number, if available.
- Box 11.** **Targeted Groups.** Enter SWA Code and target group name for the certified non-veteran group.
- Box 12.** **Targeted Groups.** Indicate, with a check mark ("✓ "), which veteran group is being certified.
- Box 13.** **Certifying Official.** Key in/print full name and title of authorized certifying official.
- Box 14.** **Signature.** Enter authorized, certifying official's signature.
- Box 15.** **Date.** Enter month, day and year when the Certification is issued by the certifying official.

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 requirements is mandatory under 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 instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, **Division of National Programs, Tools, and Technical Assistance, Room C-4510**, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).

=====
Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. 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.*



Work Opportunity Tax Credit (For SWAs' Internal Use Only)

U. S. Department of Labor
Employment & Training Administration

OMB No. 1205-0371
Expiration Date: April 30, 2012

1. NAME OF INDIVIDUAL

Agency Declaration of Verification Results Worksheet

2. SOCIAL SECURITY NO.

3. EMPLOYER'S NAME, TELEPHONE NO., AND ADDRESS:

THE SECTION BELOW IS TO BE COMPLETED BY THE SWA CERTIFYING AGENCY ONLY.

4. CERTIFYING AGENCY: (Check one)

5. DATE CERTIFIED:

CC Issued By: ___ Participating Agency or ___ SWA

SAMPLE

6. SOURCES USED TO DOCUMENT ELIGIBILITY:

7. AUDIT SAMPLE RESULTS (Complete ONLY if selected as part of RANDOM SAMPLE in quarterly audit)

- a. I have reviewed/contacted the source(s) indicated in box 6 above and have confirmed that the certified individual is ELIGIBLE.
- b. I have reviewed/contacted the source(s) indicated in box 6 above and have confirmed that the certified individual is INELIGIBLE for the following reason(s):
- c. I have not been able to establish that the certified individual is INELIGIBLE because:

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.

8. NAME AND TITLE OF REVIEWER (Type or Print):

9. SIGNATURE (Certifying Officer)

10. DATE:

Persons are not required to respond to this collection of information unless it displays a valid OMB Control Number. Respondent's obligation to reply to these requirements is mandatory by P.L. 104-188. Public reporting burden for this collection of information is estimated to average 1 hour 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 the burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to the US. Department of Labor, **Division of National Programs, Tools, and Technical Assistance, Room C-4510**, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

Privacy Act Statement: *The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. 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.*

Instructions for Completing the Agency Declaration of Verification Results (ADVR) Worksheet, ETA FORM 9065.

Background: The Omnibus Budget Reconciliation Act of 1990, P. L. 101-508, § 11405(c), extended indefinitely the \$5 million set-aside (cited below) for testing whether individuals certified as members of WOTC targeted groups are eligible for certification (including the use of statistical sampling techniques). As long as there is a WOTC appropriation, this requirement continues in force. These provisions apply in full force to the certification process under the consolidated WOTC Program. Section 261(f)(2) of the Economic Recovery Tax act of 1981 (P. L. 97-34), as amended, states that:

"(A) \$5,000,000, shall be used to test whether individuals certified as members of targeted groups under section 51 of such Code [Internal Revenue] are eligible for such certification (including the use of statistical sampling techniques), and (B) the remainder shall be distributed under performance standards prescribed by the Secretary of Labor."

Note. Verification activities require testing the validity of all Certifications issued by the SWAs, including the Conditional Certifications issued by Participating Agencies (PAs) and other documentation, which results in Certifications. Quality reviews and audits are both parts of the certification process. A General Accounting Office (GAO) report recommended that verification activities be done by "other than the person who originally processed..." the Individual Characteristics [ETA Form 9061] or the Conditional Certification [ETA Form 9062] forms.

DEFINITIONS:

1. **Quality Reviews** - the reviews conducted at specific points in the eligibility determination/certification process of forms and other documentation including the Certification recorded.
2. **Audit** - the post-issuance examination of a the Certifications issued.

SAMPLE

INSTRUCTIONS FOR COMPLETING THE AGENCY DECLARATION OF VERIFICATION RESULTS (ADVR) FORM.

- Box 1. Name of Individual.** Enter the full name (last, first and middle initial) of the certified target group member/employee.
- Box 2. Social Security No.** Enter the employee's social security number.
- Box 3. Employer Name, Telephone No., & Address.** Enter employer's name and address including zip code and telephone number.
- Box 4. Certifying Agency.** Enter name of SWA issuing the Certification. Indicate with a check mark "✓" whether the CC was issued by a Participating Agency or a SWA.
- Box 5. Date Certified.** Enter month, day and year when the Certification was issued.
- Box 6. Documentary Sources.** List and/or describe the documentary evidence or sources of collateral contacts that are attached to the Certification request (IRS 8850) and/or Individual Characteristics Form.
- Box 7. Audit Sample Results.** Indicate with a check mark "✓" if individual is "eligible," "ineligible" or "eligibility cannot be determined" and follow the instructions below.
- a. If review of documentation reveals that the certified individual is eligible, enter a check mark "✓."
 - b. If review of documentation reveals that the certified individual is ineligible, explain why, and for Conditional Certifications (CCs) prepare and send the following notices:

Notification of Invalidation (NOI) - to the applicant, the SWA, PA staff, and employer/consultant. The NOI notifies the employer/consultant to whom applicant was referred that the CC (ETA form 9062) is invalid because of missing or incorrect information/items and that without such information a Certification cannot be issued.

Notice of Revocation (NOR) - prepare and send to employer/consultant an NOR explaining the reasons for revocation and send a copy to the Regional Office and IRS in your state since employer eligibility for the tax credit does not cease until the date that the employer is, officially, notified in writing that the Certification (ETA Form 9063) has been invalidated; thereby, revoked.
- c. If review of documentation reveals that the SWA has not been able to establish eligibility explain the reason.
- Box 8. Name and Title of Reviewer.** Enter full name and title of authorized staff conducting audit review.
- Box 9. Signature.** Enter signature of authorized reviewer conducting audit.
- Box 10. Date.** Enter month, day and year when audit was conducted.

10. Total TOTAL (YTD)

23. Name and Title of Responsible Official:

24. Signature Title:

25. Date Signed:

26. Total (For Qtr.)

Instructions for Preparing ETA Form 9058, Report 1 –“Certification Workload and Characteristics of Certified Individuals,” Work Opportunity Tax Credit Report

REVISED INSTRUCTIONS

Introduction. Part I. of this report clarifies and simplifies data reported on certifications issued and provides state workforce agencies' (SWAs) workload during each reporting quarter. Part II. continues to collect data on selected characteristics of certified individuals. Boxes 2a through 2e were added to collect data from the expanded Veteran groups and provisions introduced by the VOW to Hire Heroes Act of 2011 (P.L. 112-56). Box 6. Summer Youth was deleted because the legislative authority for HUD's urban and USDA's rural Empowerment Zones (EZs) expired on December 31, 2011 and the statutory definition for this group requires that the youth must reside in an EZ. Box 7, SNAP Recipient became number 6 and Boxes 7-13 were renumbered as follows: Box 7. SSI Recipient, Box 8. Long-Term TANF, Box 9. TOTAL (For QTR.) and Box 10. TOTAL (YTD)

Explanation of VOW to Hire Heroes Act of 2011 Changes. Since 1996, SWAs use the “B” alpha statutory classification for the Veteran group for verification of and issuing certifications to the “qualified veteran” group. To distinguish among the current and new veteran categories and provide the SWAs with a uniform system to report the number of certifications issued by each new group, the “B” classification has been added and is followed by alpha-numeric identifiers for Veteran Boxes No. 2a through 2e as follows:

- Box 2Ba. Added (V) after “Veteran receiving SNAP benefits,”
- Box 2Bb. Added (DV) after “Disabled Veteran”
- Added Box 2Bc. and titled it “DV unemployed for 6 months”
- Added Box 2Bd. and titled it “V unemployed for 4 weeks”
- Added Box 2Be. and titled it “V unemployed for 6 months”



The two WOTC ARRA target groups – Unemployed Veterans and Disconnected Youth – authorized by the American Recovery and Reinvestment Act (P.L. 111-5) expired on December 31, 2010. These target groups (formerly Boxes 10 and 11) have been removed.

Background. The purpose of ETA Form 9058 (Updated February 2012) is to provide SWAs with a standardized e-reporting format, which accurately reflects program activity levels and outcomes under the Work Opportunity Tax Credit (WOTC). It is important for SWAs to maintain programmatic reporting procedures that account for each tax request (IRS Form 8850) received and its subsequent outcome (issuance of a tax certification or denial). A properly completed ETA Form 9058 accurately reflects program use and the level of any programmatic backlog that may exist. To ensure that the WOTC Program can be accurately evaluated at the national level, it is critical that all SWAs report in a standardized manner using the web-based Enterprise Business Service System (EBSS) Tax Credit Reporting System (TCRS).

INSTRUCTIONS FOR COMPLETING THIS FORM:

State. Enter the name of the state submitting ETA Form 9058.

Quarter Ending Period. Enter ending date of the quarter for the reported program data.

Part I. "Certification Workload." SWAs must identify from Part I, Item F on the previous reporting quarter's ETA Form 9058 the number of requests (IRS Form 8850s) determined to be incomplete or Needing Action, as defined below:

(A) **Number of Requests Incomplete.** Enter the total number of requests (IRS Form 8850s) received by the SWA prior to the beginning of the current report period, but for which no applicant eligibility determination action (excluding the 48-hour review) was taken. This total is to be entered into Part I, Item (A) of ETA Form 9058.

(B) **Number of Requests Needing Action.** Enter the total number of requests (IRS Form 8850s) received by the SWA prior to the beginning of the current report, but for which no review and total is to be entered into Part I, Item (B) of recently revised ETA Form 9058.

(C) **New Requests.** Enter the total number of requests (IRS Form 8850s) received by the SWA during the current reporting quarter. Some states may have received requests (IRS Form 8880s) that were not previously recorded and/or reported on any prior quarterly report ETA 9058 for various reasons. It is important for the SWA to report all requests (IRS Form 8850s) received. Therefore, any request received outside of the current reporting quarter, which has not previously been reported, should be included with the number of requests received during the current reporting period. That total should be entered as the number of "New Requests". This total is to be entered into Part I, Item (C) of ETA Form 9058.

(D) **Total Requests to Be Processed.** Enter the sum of Items A, B & C. This total represents the number of requests (IRS Form 8850s) received by the SWA, which are available to be processed. This total is to be entered under Part I, Item (D) of ETA Form 9058. **Note.** A denial is a request (IRS Form 8850) determined by the SWA to be ineligible for the WOTC.

(E) **Requests Certified.** Enter the total number of WOTC certifications issued during the current report period.

(F) **Requests Denied.** Enter the total number of requests (IRS Form 8850s) denied by the SWA during the current report period.

Note. A denial is a request (IRS Form 8850) determined by the SWA to be ineligible for the WOTC.

(G) **Number of Requests Incomplete.** Enter the total number of requests (IRS Form 8850s) received and reviewed by the SWA, but which the SWA could neither approve nor deny due to such things as, but not limited to, the need for additional eligibility documentation for which the SWA has made a formal request to the employer, authorized tax consultant, or other third party entity, ETA Form 9061 not submitted, etc. **Note.** This number will also be entered in Part 1, Item A. of the subsequent quarterly report ETA Form 9058.

(H) **Number of Requests Needing Action.** Enter the number of requests (IRS Form 8850s) received by the SWA but for which no review and/or action has yet been taken to determine applicant eligibility.

Note. This value will also be entered in Part I, Item B. of the subsequent quarterly report ETA Form 9058. Part I, Item H is the sum of Item D, minus Item E, minus Item F, minus Item G.

Part I. Completion Formula:

$(A + B + C) = D$ and
 $D - (E + F + G) = H$ Same as: Items $(A+B+C) = D$ and $(D-E-F-G) = H$

SAMPLE

Part II. "Characteristics of Certified Individuals by Tax Credit." This part is divided into three sections (Section I, Section J, and Section K).

Section I reflects the number of requests (IRS Form 8850s) certified by the SWA during the current report period **by WOTC target groups**. Section J reflects the number of requests (IRS Form 8850s) certified by the SWA during the current report period **by occupation**. Section K reflects the number of requests (IRS Form 8850s) certified by the SWA during the current report period **by starting hourly wage**.

Section I.

Section I, Column (a). Enter the total number of certifications, issued by the SWAs, by target group, during the current report period, which resulted from the issuance of a conditional certification i.e., ETA Form 9062.

Section I, Column (b). Enter the total number of WOTC certifications issued by the SWAs, by target group, during the current report period.

Section I, Line #1. Enter the total number of WOTC certifications issued by the SWA during the current report period, for the IV-A TANF group.

Section I, Line #2Ba. Enter the total number of WOTC certifications issued by the SWA during the current report period, for Veterans receiving SNAP benefits.

Section I, Line #2Bb. Enter the total number of WOTC certifications issued by the SWA during the current report period, for "Disabled Veterans" receiving compensation for a service-connected disability.

Section I, Line #2Bc. Enter the total number of WOTC certifications issued by the SWA during the current report period, for Disabled Veterans unemployed for 6 months.

Section I, Line #2Bd. Enter the total number of WOTC certifications issued by the SWA during the current report period, for Veterans unemployed for at least 4 weeks but less than 6 months.

Section I, Line #2Be. Enter the total number of WOTC certifications issued by the SWA during the current report period, for Veterans unemployed for at least 6 months.

Section I, Line #3. Enter the total number of WOTC certifications issued by the SWA during the current report period, for Ex-felons

Section I, Line #4. P.L. 110-28 changed the name of the High-Risk Youth to “Designated Community Residents (DCRs).” Enter the total number of WOTC certifications issued by the SWA during the current report period, for DCRs.



Section I, Line #5a. Enter the total number of WOTC certifications issued by the SWA during the current report period, for Vocational Rehabilitation Referrals.

Section I, Line #5b. Enter the total number of WOTC certifications issued by the SWA during the current report period, for “ticket holders.” (e.g., SSDI, or Voc. Rehab).

Section I, Line #7. Enter the total number of WOTC certifications issued by the SWA during the current report period, for Summer Youth.

Section I, Line #6. Enter the total number of WOTC certifications issued by the SWA during the current report period, for SNAP (formerly Food Stamps) recipients.

Section I, Line #7. Enter the total number of WOTC certifications issued by the SWA during the current report period, for SSI recipients.

Section I, Line #10. Enter the total number of WOTC certifications issued by the SWA during the current report period, for “Unemployed Veterans” according to P.L. 111-5.

Section I, Line #11. Enter the total number of WOTC certifications issued by the SWA during the current report period, for “Disconnected Youth” according to P.L. 111-5.

Section I, Line #8. Enter the total number of WOTC certifications issued by the SWA during the current report period, for “Long-term TANF” Recipients.

Section I, Line #9. Enter the sums of columns (a) and (b). **Note.** The total (For Qtr.) of Part II, Section I, Line #9, columns (a) & (b) should equal the total entered in Part I, Item E, Requests Certified.

Section I, Line #10. Enter the cumulative federal program Year-to-Date (YTD) totals of columns (a) and (b). **Note.** The first quarterly report of the federal program year (October 1-December 31), the totals of Section I, Line #9 and Line #10 should be the same.

Section J.

Section J, Column (a). Enter the total number of WOTC Certifications issued by the SWA during the current report period, by occupation. **Note:** The total for Section J, Column (a), Line #26 is the sum of the column and must equal the total for Section I, Column (a) & (b) Line #9.

The occupational data reported in Boxes 1-22 are derived from the job titles reported on ETA Forms 9061 or 9062. To prepare this report, SWAs must use the O*NET job families of occupations and their two-digit corresponding codes as illustrated in the following table.

O*NET SOC JOB FAMILIES			
Name	Code	Name	Code
Management Occupations	11	Food Preparation & Serving Related	35
Business & Financial Operations	13	Bldg. & Grounds Cleaning & Maintenance	37
Computer & Mathematical Occupations	15	Personal Care & Service	39
Architecture & Engineering	17	Sales & Related Occupations	41
Life, Physical & Social Sciences	19	Office & Administrative Support	43
Community & Social Services	21	Farming, Fishing, & Forestry	45
Legal Occupations	23	Construction & Extraction	47
Education, Training, & Library	25	Installation, Maintenance & Repair	49
Arts, Design, Entertainment, Sports and Media Occupations	27	Production Occupations	51
Healthcare Practitioner & Technical	29	Transportation & Material Moving	53
Healthcare Support Occupations	31	Military Specific Occupations	55
Protective Service Occupations	33		

SAMPLE

Section K

Section K, Column (a). Enter the total number of WOTC certifications issued by the SWA during the current report period, by starting hourly wage¹. **Note.** The total for Section K, Column (a), Line #6 is the sum of the column for that quarter and must equal the total for Section I, column (b), Line #9.

Convert as follows:

<u>Unit of Time</u>	<u>Calculated Hourly Wage</u>
Day	Amount divided by 8
Week	Amount divided by 40
Month	Amount divided by 172

23. Name and Title of Responsible Official. Enter the name and title of the authorized signatory official.

24. Signature. Enter the signature of the authorized signatory official.

25. Date. Enter the date of the authorized signatory official's signature.

26. Total (for qtr). Enter the total number of WOTC Certifications issued by the SWA during the current report period, by occupation. **Note.** The total for Section J, Column (a), Line #26 is the sum of the column for this quarter and must equal the total for Section I, column (b), Line #9.

¹ According to the Federal Labor Standards Act (FLSA), the federal minimum salary is \$7.25 per hour effective July 24, 2009. **Source:** Office of Employment Standards Administration, Division of Wage and Hour at the U.S. Department of Labor.