

# **The Work Opportunity Tax Credit Employer E-Filing Manual**

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*The use of DOES manual(s) on this website is strictly for Agency operations concerning the Work Opportunity Tax Credit. DOES will not be responsible for any issues resulting from improper use or misinterpretation of information contained therein. For any clarification, question or concern, please contact [does.wotc@dc.gov](mailto:does.wotc@dc.gov) or the DOES Office of Special Programs at 202.698.6001*

***i. Welcome and Overview***

Welcome to the District of Columbia's Department of Employment Services (DOES) Staff and Non-Staff Websites for the Work Opportunity Tax Credit Program (WOTC). The database is a secure web-based site for consultants or employers to electronically file the IRS 8850 Pre-Screening Notice and ETA 9061 Individual Characteristics forms in compliance with IRS Announcement 2002-44 and accompanying guidelines outlined by the U.S. Department of Labor (USDOL). A separate secure website for supporting documents will be accessible in lieu of the traditional mailing method. The site will have write-only capabilities. Once the documentation is uploaded it will only be accessible to the DOES staff for consideration with timely submissions of certification requests or reconsiderations when applicable. The new technology will better assist DOES in the facilitation of the WOTC.

The purpose of this manual is to introduce the capabilities, functions and features that will enable and enhance the experience of our WOTC constituents and the District's employers in the process of acquiring certification through the WOTC. Consultants must be set up by the WOTC staff and then the consultant may enter employer applications. Consultants may submit and access applications for multiple Federal Employer Identification Numbers (referred to EIN or FEIN). Employers may register and set up a user ID with a password. The FEIN must be verified prior to issuance of certifications and/or denials. More detail will be included in the body of the manual.

The DOES WOTC staff would like to thank you for your continued support of our program. We look forward to continued service and meeting your needs in a most efficient manner.

Best Regards,

DOES WOTC Staff

ii. **Registration**

In order to register and use the secure web-based site, go to the following URL:

[https://dc.wotc-web.net/wa\\_login\\_emp.html](https://dc.wotc-web.net/wa_login_emp.html)

Once you have reached this web address, your screen should look like the screen shot below.

The screenshot shows the WOTC Department of Employment Services website. The header includes the WOTC logo (three red stars above three red bars) and the text "WOTC Department of Employment Services" in blue. To the right is the "does" logo (blue lowercase letters with three red stars above) and "DEPARTMENT OF EMPLOYMENT SERVICES" in small blue capital letters. The main content area is titled "Employers" in large red font. Below this is "New Employer Account Set-up:" in red, followed by a checkbox labeled "Set up New Registration" which is checked. A horizontal line separates this from the "Returning Employer:" section. This section has two input fields: "Company FEIN" with a red label and a hint "Enter without dashes", and "Password" with a red label and a "Forgot Your Password?" link. A red "Sign In" button is at the bottom of the form. At the very bottom of the page, a small line of text reads: "If you have questions or comments about this site please e-mail [does.wotc@dc.gov](mailto:does.wotc@dc.gov)".

This is the employer login page that allows employers to access information regarding their WOTC applications and status.

New employers may use this page to set up an account by selecting "Set up New Registration."



Returning employers may enter their FEIN number and password. If you have forgotten your password, select the “Forgot your Password?” link and enter your Control User ID. A system-generated password will be sent to the authorized email address for your account. You will have the option to change the system-generated password after login.


Once you are logged in, the Employer Menu appears. Your company’s name will appear in the heading. Notice there are various functions that will be of importance to you which include view company information, change password, enter new application, view status of applications, print new certifications, print new denials, and log off & close window.

A Screenshot is below.


The screenshot shows the WOTC Department of Employment Services interface. At the top, there are three red stars on the left, the WOTC logo in the center, and the DOES logo on the right. Below the logos, the text "Employer Menu" is displayed in red, followed by "Employer Name" in black. A central menu box contains a list of options: "Click on the text to select an option below", "View Company Information" (blue), "Change Password" (blue), "Enter New Application" (green), "View Status of Applications" (green), "Print New Certifications" (green), "Print New Denials" (green), and "Log Off & Close Window" (red). At the bottom of the menu box, there is a footer that reads: "If you have questions/comments about this site please e-mail [DOES.WOTC@dc.gov](mailto:DOES.WOTC@dc.gov)".

- **View Company Information Screen**

Your company’s information is saved in the database upon submission of an application. If changes need to be made to the company information, contact the District of Columbia WOTC office at [does.wotc@dc.gov](mailto:does.wotc@dc.gov). A screen shot of this is on the following page.



**WOTC**  
Department of Employment Services



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DEPARTMENT OF EMPLOYMENT SERVICES

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### WOTC Employer Registration View


Company Information	
Company Name:	!!!!NAME
Federal Employer ID Number (FEIN):	!!!!FEIN
Mailing Address:	!!!!M-ST1
Address 2:	!!!!M-ST2
City:	!!!!M-CTY
State:	!!!!M-ST
Zip Code:	!!!!M-ZP5
Contact Name - First/Initial/Last:	!!!!CFN !!!!CMI !!!!CLN
Title:	!!!!TITL
Phone Number:	!!!!EPHON
Fax Number:	!!!!EFAXN
E-Mail Address:	!!!!EMAIL
Physical Address (if different from Mailing Address):	!!!!P-ST1
Address 2:	!!!!P-ST2
City:	!!!!P-CTY
State:	!!!!P-ST
Zip Code:	!!!!P-ZP5
Will you be responsible for retrieving decisions available on this website?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Back to Menu
Submit


If you have questions/comments about this site please e-mail [DOES.WOTC@dc.gov](mailto:DOES.WOTC@dc.gov)

- **Change Password Screen**

If you need to change your password, you may do so here.



**WOTC**  
Department of Employment Services



**does**  
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### Change Password

FEIN:	!!!!FEIN
Current Password:	<input type="password"/> (will show as "**")
New Password:	<input type="password"/> (will show as "**")
(Must be at least 5 characters max of 12)	
Re-Type New Password:	<input type="password"/> (will show as "**")



Back to Menu
Submit

If you have questions/comments about this site please e-mail [DOES.WOTC@dc.gov](mailto:DOES.WOTC@dc.gov)

### iii. Application Entry

- Enter New Applications Screen

From the employer menu, you may enter a new employee application(s) under your FEIN. This includes the IRS 8850 Part 1 and 2 and the ICF 9061 forms. Please fill these forms out accurately and completely before submission. A screen shot is below.

	<b>WOTC</b> <b>Department of Employment Services</b>	
<b>WOTC Application</b>		
<small>Please enter the information requested then click the "Submit" button to proceed.</small>		
<small>Fields with "*" are required.</small>		
<b>8850 Part 1</b>		
<b>Employee Information</b>		
* Social Security Number:	<input style="width: 100%;" type="text"/>	
* Name - First /Initial /Last:	<input style="width: 100%;" type="text"/>	
* Mailing Address - Street:	<input style="width: 100%;" type="text"/>	
* City:	<input style="width: 100%;" type="text"/>	
* State:	<input style="width: 100%;" type="text"/>	
* Zip Code:	<input style="width: 100%;" type="text"/>	
Phone Number:	<input style="width: 100%;" type="text"/>	
Date of Birth:	<input style="width: 100%;" type="text"/>	
<b>Work Opportunity Credit</b>		
<input type="checkbox"/>	1) Check here if you are completing this form <b>before</b> 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. County/Parish: <input type="text"/> State: <input type="text"/> Zip Code: <input type="text"/>	
<input type="checkbox"/>	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.	
<input type="checkbox"/>	3) Check here if <b>any</b> of the following statements apply to you: <ul style="list-style-type: none"><li>• 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.</li><li>• 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.</li><li>• 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.</li><li>• I am at least age 18 but <b>not</b> age 40 or older and I am a member of a family that:<ul style="list-style-type: none"><li>o a) Received SNAP benefits (food stamps) for the past 6 months, <b>or</b></li><li>o b) Received SNAP benefits (food stamps) for at least 3 of the past 5 months, <b>but</b> is no longer eligible to receive them.</li></ul></li><li>• During the past year, I was convicted of a felony or released from prison for a felony.</li><li>• I received supplemental security income (SSI) benefits for any month ending during the past 60 days.</li><li>• I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years <b>and</b>, for at least 4 weeks during the past year, I received unemployment compensation.</li><li>• I am at least age 16 but <b>not</b> age 25 or older, <b>and</b>:<ul style="list-style-type: none"><li>o 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, <b>and</b></li><li>o 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, <b>and</b></li><li>o c) I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate <b>or</b> 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.</li></ul></li></ul>	
<input type="checkbox"/>	4) Check here if you are a veteran entitled to compensation for a service-connected disability <b>and</b> , during the past year, you were: <ul style="list-style-type: none"><li>• Discharged or released from active duty in the U.S. Armed Forces, <b>or</b></li><li>• Unemployed for a period or periods totaling at least 6 months.</li></ul>	
<input type="checkbox"/>	5) Check here if you are a member of a family that: <ul style="list-style-type: none"><li>• Received TANF payments for at least the past 18 months, <b>or</b></li><li>• Received TANF payments for any 16 months beginning after August 5, 1997, <b>and</b> the earliest 10-month period beginning after August 5, 1997, ended during the past 2 years, <b>or</b></li><li>• 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.</li></ul>	
<b>Signature - All Applicants Must Sign</b>		
<small>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.</small>		
<small>It is the responsibility of the individual or agency submitting this form to provide proof of signature for any IRS or Department of Labor Audits.</small>		
<small>Pin or password from electronic 8850 completed by client <b>OR</b> Copy of signed 8850 on file</small>		
Password: <input type="text"/> <b>OR</b> <input type="checkbox"/> Signature on File Date of signature: <input type="text"/> / <input type="text"/> / <input type="text"/>		

Part 2 of the IRS 8850 is below. The dates should be the exact same as the original paper copy that you retain with the company.

8850 Part 2	
Employer Information	
EIN:	!!!!EFEIN
Company Name:	!!!!ENAME
Phone Number:	!!!!EPHON
Address:	!!!!ESTR1
Address 2:	!!!!ESTR2
City:	!!!!ECITY
State:	!!!!ESTAT
Zip Code:	!!!!EMZIP
Contact:	!!!!ECONT
If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under <b>Members of Targeted Groups</b> in the separate instructions), enter that group number (4 or 6): <input type="text"/>	
*DATE APPLICANT:	Gave Information <input type="text"/> / <input type="text"/> / <input type="text"/> Was Offered Job <input type="text"/> / <input type="text"/> / <input type="text"/> Was Hired <input type="text"/> / <input type="text"/> / <input type="text"/> Started Job <input type="text"/> / <input type="text"/> / <input type="text"/>
Complete Only If Box 1 on Page 1 is Checked State and county or parish of job: County/Parish: <input type="text"/> State: <input type="text"/>	
<input type="checkbox"/> 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 completed 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: !!!!ECONT Title: !!!!ETITL	Date of signature: <input type="text"/> / <input type="text"/> / <input type="text"/>

**Note:** DOL Guidance for electronic submissions of the IRS 8850 form is outlined in the ETA Handbook 408. Employers or consultants may electronically submit through this system. Additional requirements maybe necessary contingent upon the ability of DOES to accommodate all requests and be in compliance with all guidelines relative to WOTC. A properly submitted IRS 8850 form is completed with every relevant detail within 28 calendar days after the applicant begins to work for the employer, unless some other transition relief is allowed by USDOL. IRS guidelines must also be met. This system satisfies requirements under IRS Announcement 2002-44. Notice 2012-13, Section IV, page 7- specifically outlines guidance on electronic signatures and combinations by which this method can be utilized.

The ETA 9061 ICF follows, on the next page. Note that if any required fields are not entered at the time of submission, an error message will appear that lists the missing field(s) and a red arrow will appear on those positions within the form to help the Employer identify the necessary entry location.

9081 (ICF)	
8. Have you worked for this employer before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Employment Start Date:	(Filled in above)
10. Starting Wage:	\$ <input type="text"/> per hour
11. Position:	<input type="text"/>
Applicant Characteristics for WOTC Target Group Certification:	
12. Date of Birth	(Filled in above)
13. If you are a Veteran of the U.S. Armed Forces:	<input type="checkbox"/> Yes (B1) <input type="checkbox"/> Yes (B2) and <input type="checkbox"/> Yes (B2) or <input type="checkbox"/> Yes (B2) <input type="checkbox"/> Yes
14. Category G: Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for:	<input type="checkbox"/> Yes or <input type="checkbox"/> Yes
15. Category E: Were you referred to an employer by:	<input type="checkbox"/> Yes or <input type="checkbox"/> Yes or <input type="checkbox"/> Yes
16.	<input type="checkbox"/> Yes or <input type="checkbox"/> Yes or <input type="checkbox"/> Yes <input type="checkbox"/> Yes
Primary Recipient of Benefits	
If applicant is not a primary recipient of benefits, please provide the following:	
Name of Primary Recipient of Benefits <input type="text"/>	
City <input type="text"/>	
State <input type="text"/>	
17. Category C: Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired?	<input type="checkbox"/> Yes If yes, complete the following: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="checkbox"/> Federal <input type="checkbox"/> State
18. Category D/F: Do you live in an Empowerment Zone or Renewal Community? Or, in a Rural Renewal County (RRC)? If YES, enter name of the RRC:	<input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="text"/>
19. Category H: Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?	<input type="checkbox"/> Yes
20. Category J:	<input type="checkbox"/> Yes
21. Category K:	<input type="checkbox"/> Yes
SOURCES USED TO DOCUMENT ELIGIBILITY:	
<input type="text"/>	
Note: I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The electronic signature of the party completing this form is required.	
<input type="radio"/> Employer Completed Form OR <input type="radio"/> Employee Completed Form; Signature on file	
If applicant received benefits in another state signify the city and state below:	
City <input type="text"/>	
State <input type="text"/>	
Submit	
Please note that the "Back to Menu" button will cancel this application information you have entered thus far for this application will be cleared.	
Back to Menu	

Red arrows indicate required field(s) when "Submit" is used but entry not complete or contains omissions or errors.

Privacy Act and Paperwork Reduction Act Notice
<p>Section references are to the Internal Revenue Code</p> <p>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.</p> <p>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.</p> <p>The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:</p> <p>Recordkeeping 3 hr., 15 min.  Learning about the law or the form 46 min.  Preparing and sending this form to the SWA 42 min.</p> <p>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-6406, Washington, DC 20224</p> <p><b>DO NOT</b> send this form to this address. Instead, see <b>When and Where To File</b> in the separate instructions.</p> <p>If you have questions/comments about this site please e-mail <a href="mailto:DOES.WOTC@dc.gov">DOES.WOTC@dc.gov</a></p>

**After the required fields are completed, and the “Submit” button selected, the form will be submitted and if accepted, the following confirmation will display and may be printed for your records:**

Your Application has been submitted successfully!
<p>!!!!EFEIN  !!!!ENAM  !!!!SSNUM  submitted on !!!!TODAY  at !!!!TIME:</p> <p>Government of the District of Columbia  Department of Employment Services  4058 Minnesota Avenue, N.E., 3rd Floor  Washington, DC 20019  Telephone: 202-698-6001 Fax: 202-724-6583  <a href="http://www.does.dc.gov/does/">www.does.dc.gov/does/</a>  <a href="mailto:does.wotc@dc.gov">does.wotc@dc.gov</a>  <a href="#">Print This Page</a></p> <p>Please click on one of the following buttons to continue.</p> <p> <a href="#">Back to Menu</a> <a href="#">Enter New Application</a> </p>

#### **iv. Viewing the Application Status**


- Status of Application Search & List Screens

**From the main menu, select “View Status of Applications.” To perform a customized search, enter information in any field or leave blank. After search criteria entered, one may select “All” or narrow the selection to Pending, Certified or Denied.**


**The Date Type may be Start Date, Date Printed, Date Entered, Date Updated, Date Inactivated, and Status Date or Determination Date.**

**A Screen shot of the Status of Applications Search is on the following page:**





**WOTC**  
Department of Employment Services



**does**  
DEPARTMENT OF EMPLOYMENT SERVICES

### Status of Application Search

## Employer Name

Enter information below to perform a customized search for an application

Date Range:	/ / to / /
Date Type:	Start Date
Employee's Social Security Number:	- -
Last Name of Employee:	
First Name of Employee:	


Click on one of the buttons below to view a type of application.

Pending
Certified
Denied
All


Back to Menu

If you have questions/comments about this site please e-mail [DOES.WOTC@dc.gov](mailto:DOES.WOTC@dc.gov)

Upon selection of a search option, your results will display and include the current status of the application(s). The details of the application status may be viewed with details provided for pending, certified, denied or withdrawn applications including any notes by District of Columbia WOTC staff. Employers with authorization to print certificates and denial letters may create the print file from this list for applications fully processed. A screenshot is below.



**WOTC**  
Department of Employment Services



**does**  
DEPARTMENT OF EMPLOYMENT SERVICES

### Application Status List

To view more detail of the status of an individual application click on the status of that application.

## Employer Name

#### Status Colors Legend

In Process:	The application has not been processed.
Withdrawn:	The application has been withdrawn.
Certified:	The application has been certified and is ready to be printed.
Cert/Done:	The application has been certified and printed.
* Cert/POA *:	The certification will be available once the FEIN is verified.
Denied:	The application has been denied and is ready to be printed.
Deny/Done:	The application has been denied and printed.

Last Name	First Name	Social Security Number	Start Date	Status
!!!!!!LNAME	!!!!!!FNAME	!!!!!!APSSN	!!!!!!START	<a href="#" style="color: blue; text-decoration: none;">!!!!!!STATS</a>

List Total:   !!!!!!CNT

Back to Menu  
Print All Certs  
Print All Denials

New Search  
Print New Certs  
Print New Denials

Additionally, notations by WOTC Staff, forms 8850 Parts 1 and 2 and the 9061 (ICF) may be viewed after selecting an application from the Status List. Example screenshots are below.

<b>Susie T Test</b> SSN: 444-44-4444 Employer: Test Employer FEIN: 33333333 Start Date: 09/10/2011
<b>Status: In Process</b>
<b>Notes From WOTC Staff:</b> This application is waiting for a fax to be sent to the appropriate agency in search of documentation. The receiving agency controls the quantity we can send per day.
Click on one of the buttons below to view the submitted form.
<a href="#">8850 Part I</a> <a href="#">8850 Part II</a> <a href="#">9061</a>
<a href="#">Back to Status List</a>
<a href="#">New Search</a>
<a href="#">Back to Menu</a>

<a href="#">View 8850 Part 2</a>	<a href="#">View 9061</a>
<a href="#">Print 8850 - Part 1</a>	
<a href="#">Back to Status</a>	<a href="#">Back to Menu</a>
<b>Form 8850</b> (Rev. August 2009) Department of the Treasury Internal Revenue Service	
Pre-Screening Notice and Certification Request for the Work Opportunity Credit See separate instructions.	
OMB No. 1545-1500	
Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.	
Your name Susie T Test	Social security number 444-44-4444
Street address where you live City or town, state, and ZIP code Telephone number If you are under age 40, enter your date of birth (month, day, year)	321 Main Street Little Rock, AR, 70222 123-456-7890 06/06/1955
1 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> Check here if any of the following statements apply to you. <ul style="list-style-type: none"><li>I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 8 months during the past 18 months.</li><li>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.</li><li>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.</li><li>I am at least age 18 but not age 40 or older and I am a member of a family that:<ul style="list-style-type: none"><li>a Received SNAP benefits (food stamps) for the past 6 months or</li><li>b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.</li></ul></li><li>During the past year, I was convicted of a felony or released from prison for a felony.</li><li>I received supplemental security income (SSI) benefits for any month ending during the past 60 days.</li><li>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.</li><li>I am at least age 18 but not age 25 or older, and:<ul style="list-style-type: none"><li>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</li><li>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</li><li>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.</li></ul></li></ul>	
4 <input checked="" type="checkbox"/> Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were: <ul style="list-style-type: none"><li>Discharged or released from active duty in the U.S. Armed Forces, or</li><li>Unemployed for a period or periods totaling at least 6 months.</li></ul>	
5 <input type="checkbox"/> Check here if you are a member of a family that: <ul style="list-style-type: none"><li>Received TANF payments for at least the past 18 months, or</li><li>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</li><li>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.</li></ul>	
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: Susie T Test	Date: 09/01/2011
For Privacy Act and Paperwork Reduction Act Notice, see page 2.	
Cat. No. 22851L Form 8850 (Rev. 8-2009)	



▶ View 8850 Part 1
▶ View 9061

▶ Print 8850 - Part 2

▶ Back to Status
▶ Back to Menu

Form 8850 (Rev. 6-07)

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**Employer's name**

**Street address**

**City or town, state, and ZIP code**

**Person to contact, if different from above**

**Street address**

**City or town, state, and ZIP code**

**Telephone no.**

**EIN**

**Telephone no.**

**For Employer's Use Only**

**ESTR1**

**ECITY, ESTAT, EMZIP**

**ECONT**

**HRDAT**

**STDAT**

**Members of Targeted Groups** (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**

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

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

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

**State and county or parish of job**

**Under penalties of perjury, I declare that the applicant completed 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)(12) 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** . . . 5 hr., 30 min.

**Learning about the law or the form** . . . 24 min.

**Preparing and sending this form to the SE** . . . 30 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-6406, Washington, DC 20224. **DO NOT** send this form to this address. Instead, see **When and Where To File** in the separate instructions.

**You may also see each category acknowledgement as outlined on the screenshot on the following page. These are reasons we are not able to certify an application. There may also be reasons listed separately on the denial. The denial maybe printed from this page if you choose.**

## Testing L Testing

SSN: 999-99-9999  
Employer: Test Employer  
FEIN: 333333333  
Start Date: 08/26/2011

Status: Denied	
Determination Date: 09/16/2011	
Notes From WOTC Staff:	
Category:	Reason:
Category A	Applicant did not receive any 9 months of TANF benefits within an 18 month period ending on the hire date.
Category B1	Applicant did not receive 3 continuous months of Food Stamp benefits within a 15 month period of the hire date.
Category E1	Applicant is not currently receiving Voc Rehab services under an open IPE and has not completed an IPE within two years of the hire date.
Category G1	The applicant does not meet the age criteria for the Food Stamps Target Group
Category H	Applicant did not receive 30 days of benefits within 60 days of hire date per Social Security Administration.
Category I1	Applicant did not receive 18 <u>consecutive</u> months of TANF benefits.
Category B2	Applicant was not discharged or released from active duty within a year of hire date.
Category E3	Applicant did not receive Voc Rehab services from the Department of Veteran Affairs.
Category J	

Click on one of the buttons below to view the submitted form.

8850 Part I

8850 Part II

9061

► Print Denial

► Back to Status List

► New Search

► Back to Menu




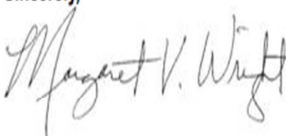
**Note:** When printing certifications or denials, you may only print one per applicant. If you are in need of an additional denial or certification you will need to email [does.wotc@dc.gov](mailto:does.wotc@dc.gov) to request a duplicate.

Screen shot examples of a printed certification and denial is on the following pages.

- **Certification**

<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; padding: 2px 10px; background-color: #FFD700;">▶ Print Certification</div> <div style="border: 1px solid black; padding: 2px 10px; background-color: #FFD700;">▶ Back to Menu</div> <div style="border: 1px solid black; padding: 2px 10px; background-color: #90EE90;">▶ New Search</div> </div>		
<b>Employer Certification</b> <b>Work Opportunity Tax Credits</b> <b>(OPTIONAL)</b>		<b>U.S. Department of Labor</b> Employment and Training Administration
OMB No. 1205-0371 Expiration Date:		
<b>1. NAME AND ADDRESS OF CERTIFYING AGENCY:</b> D. C. Department of Employment Services Work Opportunity Tax Credit Program 4056 Minnesota Avenue, NE Washington, DC 20019	<b>2. CONTROL NO. (For Agency Use Only)</b> C!!!!CERT#	<b>3. DATE COMPLETED</b> !!!!CDATE
<b>PART A. EMPLOYER</b>		
<b>6. NAME AND ADDRESS OF FIRM</b>  !!!!ENAME !!!!EADDR	<b>7. TELEPHONE NO.</b>  !!!!EPHON	<b>8. EMPLOYER TAX EIN NO.</b>  !!!!EFEIN
<b>9. REPRESENTATIVE'S NAME AND TITLE</b>  !!!!ECCON !!!!ECTIT		
<b>PART B. EMPLOYEE</b>		
<b>10. NAME AND ADDRESS OF EMPLOYEE</b>  !!!!APNAM !!!!APADR !!!!APCSZ	<b>11. SOCIAL SECURITY NO.</b>  !!!!APSSN	<b>12. EMPLOYMENT START DATE</b> (Mo. Day, Yr.)  !!!!APSDT
<b>13. TARGETED GROUP CODE: (check those that apply)</b>  <input type="checkbox"/> !!!!SYTCT Summer Youth (SY) <input type="checkbox"/> !!!!TTWCT Ticket Holder (TH) with Individual Work Plan from Employment Network (EN) <input type="checkbox"/> !!!!WTWCT Long-term Family Assistance Recipient (LTFAR)  Code if not SY, TH or LTFAR: <b>!!!!ACCMX</b>		
<b>PART C. CERTIFICATION</b>		
I HEREBY CERTIFY that the individual named in Part B, meets the eligibility criteria of Sec. 51 or Sec. 51A of the Internal Revenue Code.		
<b>14. NAME OF CERTIFYING OFFICER (print or type)</b>  Margaret V. Wright	<b>15. Signature (Certifying Officer)</b> Signature	<b>16. DATE</b>  !!!!CDATE
Comments to Employers: *Changes in the way the employer claims the credit have been made to the statute. These changes apply only to employees certified as Long-Term Family Assistance Recipients, who begin work for the employer after December 31, 2008 (i.e., on or after January 1, 2009).		
<ul style="list-style-type: none"> <li>• The Long-Term Family Assistance (LTFAR) recipient is now target group I under the WOTC Program.</li> <li>• The credit continues to be available for wages paid to this employee for services during the first two years of employment.</li> <li>• Wages for these employees continue to be capped at \$10,000 for each year, but no longer include any cash benefits.</li> <li>• The Minimum Employment Period and first-year credit are now the same as for the other eight WOTC targeted groups. That is, the credit is 25 percent if the employee works at least 120 hours, but fewer than 400 hours, and 40 percent (instead of 35% under the WITC) if the employee works at least 400 hours. Wages for the eight targeted groups remain capped at \$6,000 (\$3,000 for Summer Youth and the LTFAR) is up to \$2,400.</li> <li>• The second-year credit for the LTFAR is 50 percent of up to \$10,000 paid in wages.</li> <li>• The maximum first-year credit for the new WOTC I group is now \$4,000; the maximum second-year credit is now \$5,000 for a maximum combined two-year credit of \$9,000 for each new WOTC hire.</li> </ul>		
Note: More information is available in the instructions for IRS Form 5884, Work Opportunity Credit, for tax year 2007.		
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.		
ETA Form 9063 (Rev. June 2007)		

- Denial

<a href="#">Print Denial</a>									
<a href="#">Back to Menu</a>	<a href="#">New Search</a>								
<p>GOVERNMENT OF THE DISTRICT OF COLUMBIA Department of Employment Services</p> <p style="text-align: center;">★ ★ ★</p> <table border="0" style="width: 100%;"><tr><td style="width: 33%; text-align: center;">VINCENT C. GRAY MAYOR</td><td style="width: 33%; text-align: center;"></td><td style="width: 33%; text-align: center;">LISA M. MALLORY DIRECTOR</td></tr></table>		VINCENT C. GRAY MAYOR		LISA M. MALLORY DIRECTOR					
VINCENT C. GRAY MAYOR		LISA M. MALLORY DIRECTOR							
<p>WORK OPPORTUNITY TAX CREDIT (WOTC) DENIAL NOTIFICATION</p>									
<p>Date:       !!!!ADETD</p> <table border="0" style="width: 100%;"><tr><td style="width: 50%;">Employer:   !!!!ENAME</td><td style="width: 50%;">Employee:   !!!!APNAM</td></tr><tr><td>FEIN #     !!!!ECFEI</td><td>SSN:       !!!!APSSN</td></tr><tr><td>Mail To:   !!!!ECNAM</td><td>Start Date:   !!!!APSDT</td></tr><tr><td colspan="2">!!!!EADDR</td></tr></table>		Employer:   !!!!ENAME	Employee:   !!!!APNAM	FEIN #     !!!!ECFEI	SSN:       !!!!APSSN	Mail To:   !!!!ECNAM	Start Date:   !!!!APSDT	!!!!EADDR	
Employer:   !!!!ENAME	Employee:   !!!!APNAM								
FEIN #     !!!!ECFEI	SSN:       !!!!APSSN								
Mail To:   !!!!ECNAM	Start Date:   !!!!APSDT								
!!!!EADDR									
<p>The Work Opportunity Tax Credit request received for this applicant has been denied for the following reason(s):</p> <p>!!!!CATED:       !!!!CATER</p>									
<p>To appeal this decision, please attach supporting documentation to the denial notification and submit. For questions concerning this denial, please contact the WOTC staff at (202) 698-5136.</p>									
<p>Sincerely,</p> <div style="text-align: center;"></div> <p>Margaret V. Wright DOES WOTC/WW Certifying Officer</p>									
<p><small>4058 Minnesota Ave, N.E. ' Suite 5000 ' Washington, D.C. 20019 ' Office: 202.671.1900</small></p>									

**v. E-filing Supporting Documentation**

DOES made provisions for consultants to submit documentation in conjunction with their WOTC applications. The site is a secure portal where you may upload any pertinent information. It is a write-only site and no other entity can access, download or view documentation you may submit. Please upload documents to your respective folder, only! If you do not have a folder specific to your company, please advise us by emailing [does.wotc@dc.gov](mailto:does.wotc@dc.gov). We will make sure a folder is set-up for your entity. In order to accommodate and facilitate your submissions, please follow the instructions outlined. Failure to do so will result in a delay or denial of your certification request if supporting documentation required is not properly submitted.

You will need credentials in order to log in and upload documents. Please contact [does.wotc@dc.gov](mailto:does.wotc@dc.gov) to obtain credentials for your use.

1. In order to upload supporting documentation to the secure website, go to the following URL:

<https://upload.dc.gov/dp/wotcuser>

2. Once you are on the site, located the folder for your entity. You may upload documents. We currently will only take PDF formats for compatibility reasons.
3. When uploading the documents, it is imperative that representatives upload documentation **per applicant**. We do not have the ability to separate PDF files. Failure to do so will result in a delay in processing and ultimately a denial if we are not able to upload corresponding documentation for verification purposes.