

The Work Opportunity Tax Credit
Consultant 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 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 your documentation is uploaded it will only be accessible to the necessary DOES staff for consideration with timely submissions of certification requests or reconsiderations when applicable. The new technology implemented 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 staff of DOES thanks you for your continued support in servicing the employers of the District of Columbia. We look forward to continued service and meeting your needs in a most efficient manner.

Best Regards,

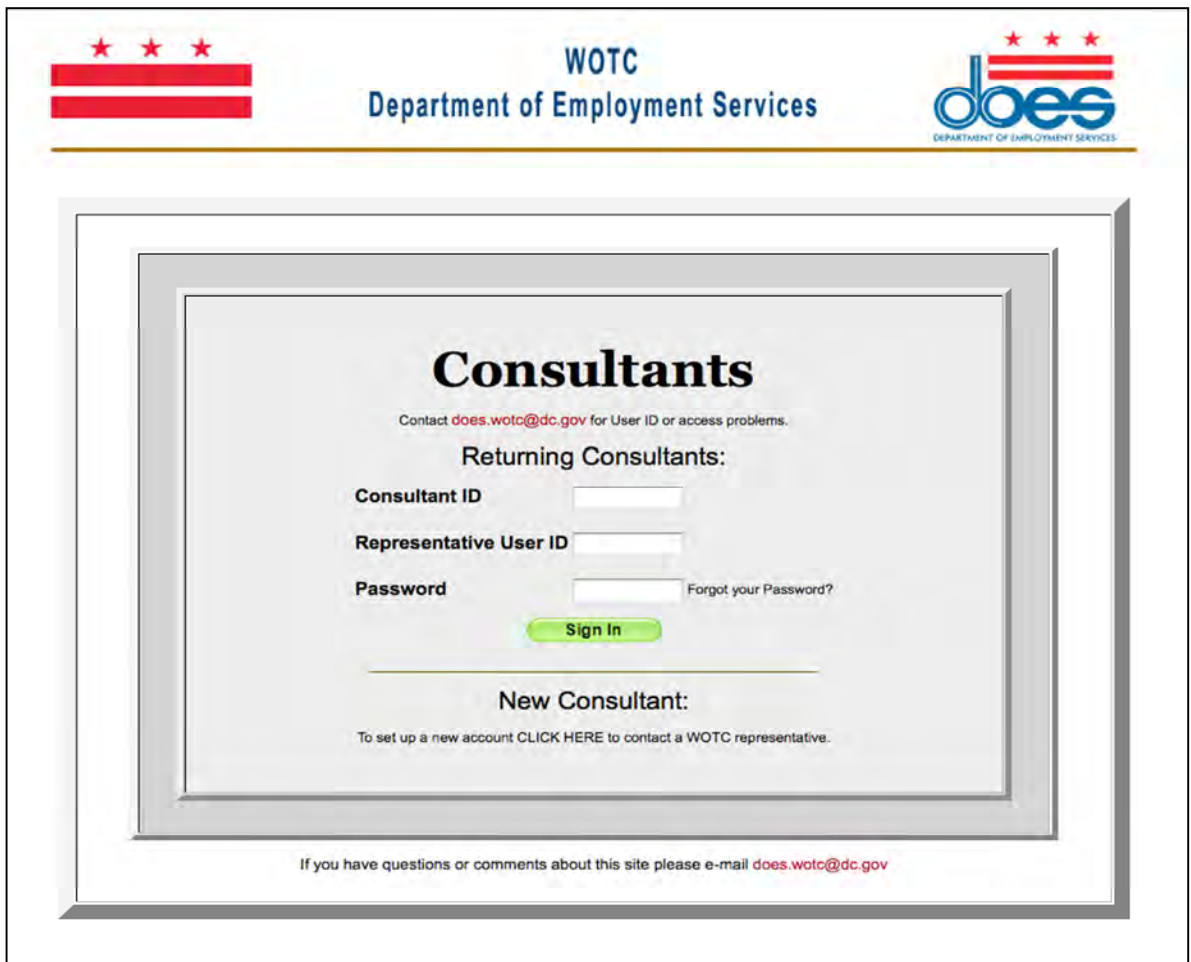
DOES WOTC Staff

ii. Consultant Sign-In

New Consultants using the District of Columbia’s automated system must contact the WOTC Unit for access. In order to access and use the secure web-based site, go to the following URL:

https://dc.wotc-web.net/wa_login_consult.html

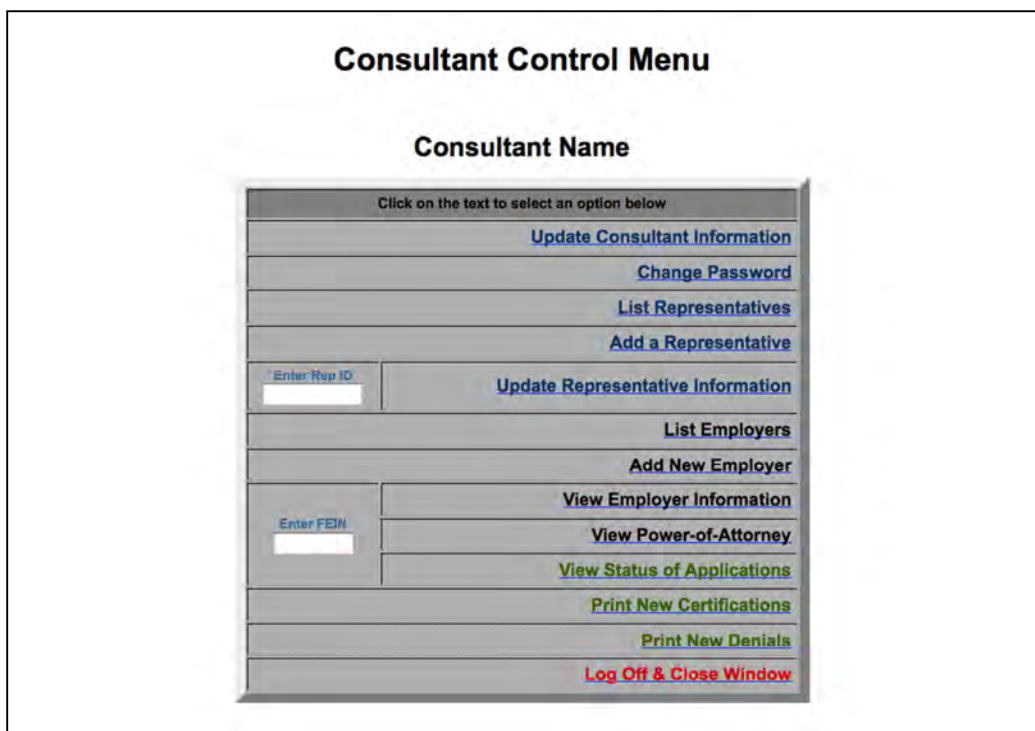
Once you have reached this web address, your screen should look like the screen shot below.



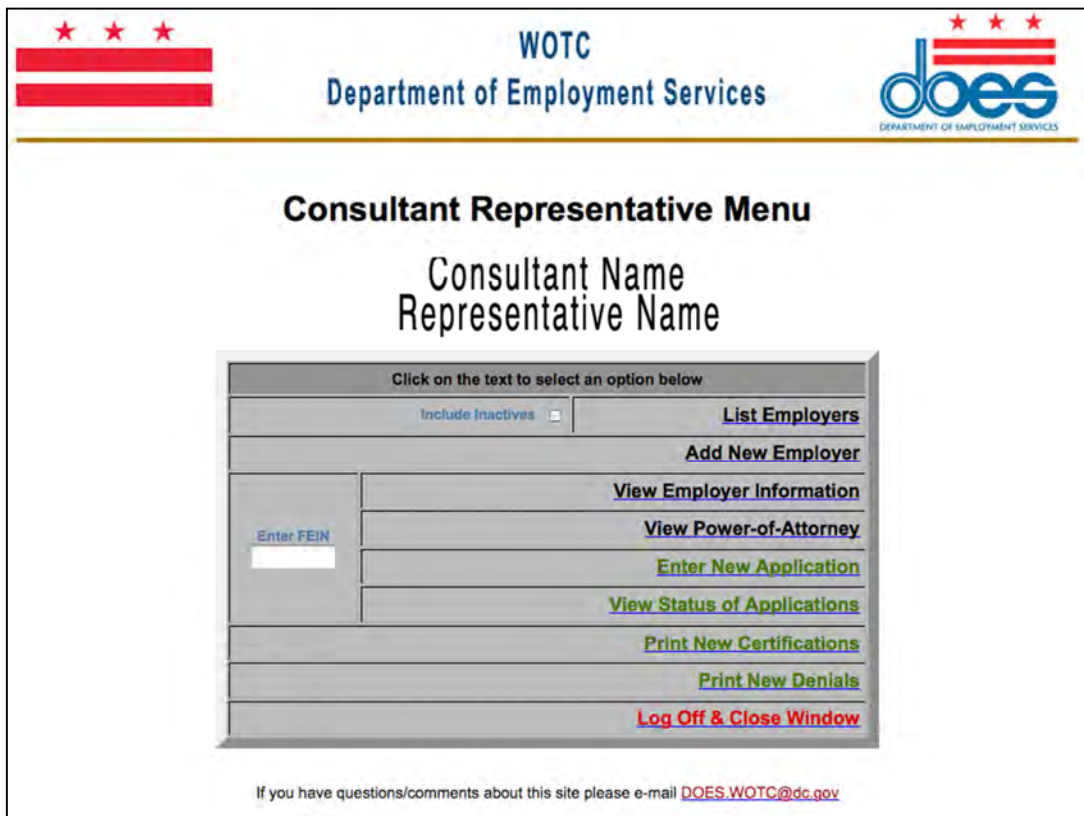
This is the consultant login page and allows returning consultants to enter new WOTC applications and access information regarding their pending or completed applications.

Returning consultants may enter their User ID 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, there are two Consultant Representative Menus that may appear. If you are a Control Representative, meaning you can assign others in your institution for use of the system, the screen shot of this page is below.



The second version of this screen is for representatives that are only authorized to deal with information on the system. No credentialing features exist for this level. This screen shot is on the following page.



iii. Control Representative Features

The Control Representative level has specific features related to credentialing others to act as representatives. The specific features on this screen include update consultant information, change password, list representatives, add a representative and update representative information.

- **Update Consultant Information**

This screen allows you to view information for your entity. If this information changes, you may update it here. Notice the fields for both physical and mailing addresses. If these are different, please populate both in case we need to send you any correspondence. A screen shot is on the following page.

WOTC Modify Consultant

Company Information	
Fields with * are required	
* Company Name:	Consultant Name
* Contact/Control - First Name / MI:	Contact <input type="text"/>
Contact/Control - Last Name:	Name <input type="text"/>
* Phone Number:	111 - 222 - 3333 x 4444
E-Mail Address:	<input type="text"/>
Fax Number:	<input type="text"/>
* Mailing Address:	Street Address <input type="text"/>
Address 2:	<input type="text"/>
* City:	City <input type="text"/>
* State:	Alabama <input type="text"/>
* Zip Code:	12345
Physical Address (if different from Mailing Address):	<input type="text"/>
Address 2:	<input type="text"/>
City:	<input type="text"/>
State:	<input type="text"/>
Zip Code:	<input type="text"/>
Will you be responsible for retrieving decisions available on this website for the FEIN numbers registered under this name?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Back to Menu

Submit

- Change Password

As the Control Consultant, this screen will allow you to change your password or the passwords of other representatives you have delegated to use our system. A screenshot is below.

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

Back to Menu

Submit

- **List Representatives**

This screenshot allows a Control Representative to view all associated representatives listed on the system and their ID. The screen shot is below.

Consultant Representative List	
Back to Menu	
Representative Name	ID
Representative Name Of	COREREP
Second Represent	SECOND
List Total: 2	

- **Add Representative**

This screen allows a Control Representative to add a representative. A screen shot is below.

WOTC Consultant Representative	
<p>To establish additional representatives for this account enter the full name of the individual and create a User ID and Password for that individual. The user will be able to access this account and log on to this site given the User Id and Password that has been set up for them.</p> <p>** This e-mail address will be used to re-establish passwords.</p> <p>The "Back to Menu" button will erase your entries.</p> <p>After you have finished click on the "Submit" button to process your entry and return to menu.</p> <p>The "Add Representatives" button will submit your current entry and allow for additional Representatives to be added.</p> <p>Mouse click or use the Tab key on the keyboard to move between fields</p>	
Consultant Representative Information	
First Name/Middle Initial:	<input type="text"/>
Last Name:	<input type="text"/>
User ID: (Must be at least 5 characters; max of 12)	<input type="text"/>
Verify User ID:	<input type="text"/>
Password: (Must be at least 5 characters with 1 numeric digit; max of 12)	<input type="password"/>
Verify Password:	<input type="password"/>
**E-Mail Address:	<input type="text"/>
Back to Menu Submit Add Representatives	

- Update Representative

Lastly, a Control Representative may update or inactivate an associated representative. A screenshot is below.

Modify Consultant Representative

Consultant Representative Information	
* Name - First /Initial /Last:	Name Of <input type="text"/> Representative <input type="text"/>
User ID:	COREREP
Password:	<input type="text"/> (Leave blank to not change password)
Inactive Date:	<input type="text"/> / <input type="text"/> / <input type="text"/> (Month/DD/YYYY)
E-Mail Address:	<input type="text"/>

Back to Menu
Submit

iv. Consultant Representative Features

The following features are accessible to consultant representatives as well as the Control Representative in the aforementioned section with the exception of “Enter New Applications.”

- List Employers

This list shows all employers represented by your company and the status of corresponding Powers of Attorney. A screenshot is below.

Consultant Employer List

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Employer Name (Sort)	City (Sort)	FEIN (Sort)	POA Start (Sort)	POA Status
4th Company	City	444444444	01/01/2008	Invalid
Employer Number One	City	111111111	09/01/2008	OK
Second Employer	City	222222222		No POA
Third Employer	City	333333333	01/01/2007	Pending

List Total: 4

- **Add New Employer**

This screen allows consultants to add new employers for representation in WOTC. The company information needs to match what is on the Power of Attorney IRS 2848 form. A screenshot is below.

Consultant - Employer Registration

Please enter the company information below, after you have finished click the "Submit" button to proceed.

The "Back to Menu" button will erase your entries so you can start over from the menu.

Mouse click or use the Tab key on the keyboard to move between fields.

Company Information	
Fields with "*" are required	
* Company Name:	<input type="text"/>
* Federal Employer ID Number (FEIN):	<input type="text"/>
* Mailing Address:	<input type="text"/>
Address 2:	<input type="text"/>
* City:	<input type="text"/>
* State:	Alabama <input type="button" value="v"/>
* Zip Code:	<input type="text"/>
* Phone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/> x <input type="text"/>

- **View Employer Information**

This screen allows you to view information previously entered for an employer. Please note that you will need to enter an FEIN from the menu screen to obtain this screen. A screen shot is below.

Consultant - Employer View

Company Information	
Company Name:	Company Name for Consultant
Federal Employer ID Number (FEIN):	333444555
Mailing Address:	Street Address
Address 2:	
City:	Montgomery
State:	AL
Zip Code:	12312
Phone Number:	333 - 444 - 5555 x

- View Power-of-Attorney (POA)

This screen allows you to view the POA information for a particular FEIN. **Please take a moment to thoroughly review the section specific to POAs for proper submission to avoid delay in the certification process.** You must enter the FEIN from the menu screen to obtain the information below.

Power of Attorney

ADP Tax Credits

Federal Employer ID Number:	650642922	Employer Name:	McDenalds
FEIN Verified:	YES	Start Date:	1/1/2017
Notes:		Expire Date:	1/1/2018

Representatives Listed on POA			
LN-REP	Ln-rep Fn-rep		
BJUSTICE	Justice Brooke (CORE)		
SHANNONG	Goble Shannon (CORE)		

[Back to Menu](#)

- Enter New Applications Screen (*not on the Control Representative Menu*)

From the consultant representative menu, you may enter new employee application(s) under an 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.



WOTC Application

Please enter the information requested then click the "Submit" button to proceed.

Fields with "*" are required.

8850 Part 1	
Employee Information	
* Social Security Number:	<input type="text"/>
* Name - First /Initial /Last:	<input type="text"/>
* Mailing Address - Street:	<input type="text"/>
* City:	<input type="text"/>
* State:	District of Columbia <input type="text"/>
* Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> (Month/DD/YYYY)
Work Opportunity Credit	
<input type="checkbox"/>	1) Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time. County/Parish: <input type="text"/> Street: <input type="text"/> City: <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 any of the following statements apply to you: <ul style="list-style-type: none">I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.I am at least age 18 but not age 40 or older and I am a member of a family that:<ul style="list-style-type: none">a) Received SNAP benefits (food stamps) for the past 6 months, orb) Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.During the past year, I was convicted of a felony or released from prison for a felony.I received supplemental security income (SSI) benefits for any month ending during the past 60 days.I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.I am at least age 16 but not age 25 or older, and:<ul style="list-style-type: none">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, andb) 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, andc) 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.
<input type="checkbox"/>	4) 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">Discharged or released from active duty in the U.S. Armed Forces, orUnemployed for a period or periods totaling at least 6 months.
<input type="checkbox"/>	5) Check here if you are a member of a family that: <ul style="list-style-type: none">Received TANF payments for at least the past 18 months, orReceived 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, orStopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
Signature - All Applicants Must Sign	
Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.	
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. Pin or password from electronic 8850 completed by client OR Copy of signed 8850 on file	
Password: <input type="text"/>	OR <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 retained and duplications submitted.

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								
<input type="checkbox"/> If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6):									
*DATE APPLICANT:	<table border="0"> <tr> <td>Gave Information</td> <td>/ /</td> <td>Was Offered Job</td> <td>/ /</td> </tr> <tr> <td>Was Hired</td> <td>/ /</td> <td>Started Job</td> <td>/ /</td> </tr> </table>	Gave Information	/ /	Was Offered Job	/ /	Was Hired	/ /	Started Job	/ /
Gave Information	/ /	Was Offered Job	/ /						
Was Hired	/ /	Started Job	/ /						
Complete Only If Box 1 on Page 1 is Checked State and county or parish of job: 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.									
Employer: !!!ECONT Title: !!!ETITL Date of signature: / /									

Note: DOL Guidance for electronic submissions of the IRS 8850 form is outlined in the ETA Handbook 408. Consultants may electronically submit through this system. Additional requirements maybe necessary contingent upon DOES ability to accommodate all requests and be in compliance with all guidelines relative to WOTC. A properly submitted IRS 8850 form is completed with all relevant information 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 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 consultant identify the necessary entry omissions or errors.

9061 (ICF)	
8. Have you worked for this employer before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Employment Start Date:	(Filed in above)
10. Starting Wage:	\$ _____ per hour
11. Position:	_____
Applicant Characteristics for WOTC Target Group Certification:	
12. Date of Birth:	(Filed 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 <input type="checkbox"/> No
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 <input type="checkbox"/> No <input type="checkbox"/> Yes
15. Category E: Were you referred to an employer by:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes
16. Category I: Are you a member of a family that:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <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 _____	
City _____	
State _____	
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 <input type="checkbox"/> No If yes, complete the following: Date of Conviction (Month/DD/YYYY): ____/____/____ Date of Release (Month/DD/YYYY): ____/____/____ Was this a Federal or State conviction? (Check one) <input type="checkbox"/> Federal <input type="checkbox"/> State
18. Category D/E: 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"/> No _____
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: Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days AND were you discharged or released from active duty in the Armed Forces for a service-connected disability AND were you discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date AND did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date?	<input type="checkbox"/> Yes
21. Category K: Are you at least age 18 but under age 25 AND did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date AND were you not regularly employed during that 6-month period AND were you not employable because you lacked basic skills?	<input type="checkbox"/> Yes
SOURCES USED TO DOCUMENT ELIGIBILITY: _____	
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="checkbox"/> Employer Completed Form OR <input type="checkbox"/> Date of Signature: ____/____/____ <input type="checkbox"/> Employee Completed Form: Signature on file	
If applicant received benefits in another state signify the city and state below:	
City _____	
State _____	
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	

See red arrow in first section of ICF and in the light green box above for example of required field(s) marked when "Submit" used but entry not complete.

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code

Section 510(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

Recordkeeping 3 hr., 16 min.
Learning about the law or the form 46 min.
Preparing and sending this form to the SWA 42 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE-W/CAR-MP:T:TS:P, 1111 Constitution Ave. NW, IR-4406, Washington, DC 20224

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

If you have questions/comments about this site please e-mail DOES.WOTC@dc.gov

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!

!!!!EFEIN
 !!!!ENAM
 !!!!SSNUM
 submitted on !!!!TODAY
 at !!!!TIME:

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: 202-724-6383
www.does.dc.gov/does/

does.wotc@dc.gov
 Print This Page

Please click on one of the following buttons to continue.

- **View Status of Applications**

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, you 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.

The search should look like the screenshot below.

WOTC
Department of Employment Services

Status of Application Search

Enter information below to perform a customized search for an application.

Federal Employer ID Number (FEIN):	!!!!EFEIN
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.

If you have questions/comments about this site please e-mail DOES.WOTC@dc.gov

Upon selection of a search option(s), 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.

Consultants with authorization to print certification and denial letters may create the print file from this list for all applications fully processed. You may print all certifications, denials, or print per applicant. The Status List screen will look like the screenshot below.



Application Status List

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

!!!!ENAME

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 upon receipt of a POA. * Certifications with POA issues are automatically denied after 90 days. *
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	!!!!STATS

List Total: !!!!CNT

- | | |
|-------------------------------------|-------------------------------------|
| ▶ Back to Menu | ▶ New Search |
| ▶ Print All Certs | ▶ Print New Certs |
| ▶ Print All Denials | ▶ Print New Denials |

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.

Susie T Test

SSN: 444-44-4444
Employer: Test Employer
FEIN: 333333333
Start Date: 09/10/2011

Status: In Process

Notes From WOTC Staff:

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.

8850 Part I

8850 Part II

9061

Back to Status List

New Search

Back to Menu

View 8850 Part 2

View 9061

Print 8850 - Part 1

Back to Status

Back to Menu

Form 8850 (Rev. August 2009) Department of the Treasury Internal Revenue Service	Pre-Screening Notice and Certification Request for the Work Opportunity Credit See separate instructions.	DWG No. 1545-1500
Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.		
Your name <u>Susie T Test</u>	Street address where you live <u>321 Main Street</u> City or town, state, and ZIP code <u>Little Rock, AR, 70002</u>	Social security number <u>444-44-4444</u>
Telephone number <u>123-456-6789</u>	If you are under age 45, enter your date of birth (month, day, year) <u>06/06/1995</u>	
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">I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.I am at least age 18 but not age 45 or older and I am a member of a family that:<ul style="list-style-type: none">a Received SNAP benefits (food stamps) for the past 6 months orb Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.During the past year, I was convicted of a felony or released from prison for a felony.I received supplemental security income (SSI) benefits for any month ending during the past 60 days.I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.I am at least age 18 but not age 25 or older, and:<ul style="list-style-type: none">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, andb 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, andc I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.		
4 <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">Discharged or released from active duty in the U.S. Armed Forces, orUnemployed for a period or periods totaling at least 6 months.		
5 <input type="checkbox"/> Check here if you are a member of a family that: <ul style="list-style-type: none">Received TANF payments for at least the past 18 months, orReceived TANF payments for any 18 months beginning after August 5, 1997, and the earliest 15-month period beginning after August 5, 1997, ended during the past 2 years, orStop(s) being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.		
Signature—All Applicants Must Sign		
Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.		
Job applicant's signature: <u>Susie T Test</u>	Date: <u>09/01/2011</u>	
For Privacy Act and Paperwork Reduction Act Notice, see page 2.		
Cat. No. 22851L Form 8850 (Rev. 8-2009)		

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Form 8850 (Rev. 8-07) Page 2

For Employer's Use Only

Employer's name: Telephone no.: EIN:

Street address: City or town, state, and ZIP code:

Person to contact, if different from above: Telephone no.:

Street address: City or town, state, and ZIP code:

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

Date applicant: Gave Information Was offered job Was hired Started job

Complete Only if Box 1 on Page 1 is Checked

State and county or parish of job: Check if the individual was not your employee on August 28, 2005 and this 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'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 SWA . . . 30 min.
 If you have comments or suggestions 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-406, Washington, DC 20224. **DO NOT** send this form to this address. Instead, see **When and Where To File** in the separate instructions.

Form 8850 (Rev. 8-07)

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

1. Control Number (For Agency Use Only)		Applicant Information (See instructions on reverse)		OMB No. 1205-0271 Expiration Date: November 30, 2011
3. Employer Name Test Employer		4. Employer Address and Telephone 123 Main Street Little Rock AR 72202		5. Employer Federal ID Number (EIN) 33333333
6. Applicant Name (Last, First, MI) Test Susie T		7. Social Security Number 444-44-4444		8. Have you worked for this employer before? No
9. Employment Start Date 09/19/2011		10. Starting Wage \$ 12.00 per hour		11. Position 32 Protective Services
12. Are you at least age 16, but under age 49? IF YES, enter your date of birth 8806/1955				
13. Are you a Veteran of the U.S. Armed Forces? Yes IF NO, go to Box 14. IF YES, are you a member of a family that received SNAP (Food Stamps) benefits for a period of at least 3 months during the 15 months before you were hired? Yes IF YES, enter name of primary recipient, and city and state where benefits were received. OR, are you a veteran entitled to compensation for a service-connected disability? Yes IF YES, were you discharged or released from active duty within the year before you were hired? Yes OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?				
14. Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) for the 6 months before you were hired? OR, received SNAP for at least a 3-month period within the last 6 months but you are no longer receiving them? IF YES, to any question, enter name of primary recipient, and city and state where benefits were received.				
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?				
16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? 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? 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? IF NO, are you a member of a family that received TANF assistance for any 6 months during the 18 months before you were hired? IF YES, to any question, enter name of primary recipient, and city and state where benefits were received.				
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? IF YES, enter date of conviction, and date of release, Type.				
18. Do you live, and plan to continue living, in an Employment Zone or Renewal Community? OR, in a Rural Renewal County (RRC)? IF YES, enter name of the RRC.				
19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?				
20. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days OR were you discharged or released from active duty in the Armed Forces for a service-connected disability AND were you discharged or released from active duty in the Armed Forces at any time during the 6-year period ending on the hiring date AND did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date?				
21. Are you at least age 16 but under age 25 AND did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date AND were you not regularly employed during that 6-month period AND were you not employable because you lacked basic skills?				
22. Sources used to document eligibility.				
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.				24. Date: 09/12/2011
23. Signature: Susie T Test				

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

Testing L Testing

SSN: 999-99-9999
 Employer: Test Employer
 FEIN: 33333333
 Start Date: 08/26/2011

Status: Denied	
Determination Date: 09/18/2011	
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](#)

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[New Search](#)
[Back to Menu](#)

Screenshot examples of a printed certification and denial are the on the following pages.

- Certification


<div style="display: flex; justify-content: space-around; align-items: center;"> Print Certification </div>		
<div style="display: flex; justify-content: space-around; align-items: center;"> Back to Menu New Search </div>		
Employer Certification Work Opportunity Tax Credits (OPTIONAL)		U.S. Department of Labor Employment and Training Administration
<small>OMB No. 1205-0371 Expiration Date:</small>		
1. NAME AND ADDRESS OF CERTIFYING AGENCY: D. C. Department of Employment Services Work Opportunity Tax Credit Program 4058 Minnesota Avenue, NE Washington, DC 20019	2. CONTROL NO. (For Agency Use Only) <small>!!!!CER#</small>	3. DATE COMPLETED <small>!!!!CDATE</small>
PART A. EMPLOYER		
6. NAME AND ADDRESS OF FIRM <small>!!!!ENAME</small> <small>!!!!EADDR</small>	7. TELEPHONE NO. <small>!!!!EPHON</small>	8. EMPLOYER TAX EIN NO. <small>!!!!EFEIN</small>
9. REPRESENTATIVE'S NAME AND TITLE <small>!!!!ECCON</small> <small>!!!!ECTIT</small>		
PART B. EMPLOYEE		
10. NAME AND ADDRESS OF EMPLOYEE <small>!!!!APNAM</small> <small>!!!!APADR</small> <small>!!!!APCSZ</small>	11. SOCIAL SECURITY NO. <small>!!!!APSSN</small>	12. EMPLOYMENT START DATE <small>(Mo. Day, Yr.)</small> <small>!!!!APSDT</small>
13. TARGETED GROUP CODE: (check those that apply) <small>!!!!SYTCT</small> Summer Youth (SY) <small>!!!!TWCT</small> Ticket Holder (TH) with Individual Work Plan from Employment Network (EN) <small>!!!!WTWCT</small> Long-term Family Assistance Recipient (LTFAR) Code if not SY, TH or LTFAR: <small>!!!!ACCMX</small>		
PART C. CERTIFICATION		
<small>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.</small>		
14. NAME OF CERTIFYING OFFICER (print or type) Margaret V. Wright	15. Signature (Certifying Officer) <small>Signature:</small>	16. DATE <small>!!!!CDATE</small>
<small>Comments to Employers:</small> <small>*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 began work for the employer after December 31, 2006 (i.e., on or after January 1, 2007).</small> <ul style="list-style-type: none"> The Long-Term Family Assistance (LTFAR) recipient is now target group 1 under the WOTC Program. The credit continues to be available for wages paid to this employee for services during the first two years of employment. Wages for these employees continue to be capped at \$10,000 for each year, but no longer include any cash benefits. 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 (reduced to 35% under the WITWC) 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. The second-year credit for the LTFAR is 50 percent of up to \$10,000 paid in wages. The maximum first-year credit for the new WOTC 1 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. <small>Note: More information is available in the instructions for IRS Form 5884, Work Opportunity Credit, for tax year 2007.</small>		
<small>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.</small>		
<small>ETA Form 9063 (Rev. June 2007)</small>		

- Denial

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GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Employment Services

★ ★ ★


VINCENT C. GRAY
MAYOR

LISA M. MALLORY
DIRECTOR

**WORK OPPORTUNITY TAX CREDIT (WOTC)
DENIAL NOTIFICATION**

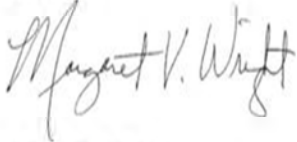
Date: !!!!AETD
Employer: !!!!ENAME Employee: !!!!APNAM
FEIN # !!!!ECFEI SSN: !!!!APSSN
Mail To: !!!!ECNAM Start Date: !!!!APSDT
!!!!EADDR

The Work Opportunity Tax Credit request received for this applicant has been denied for the following reason(s):

!!!!CATED: !!!!CATER

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.

Sincerely,



Margaret V. Wright
DOES WOTC/WIW Certifying Officer

4058 Minnesota Ave, N.E. Suite 5000 Washington, D.C. 20019 Office: 202.671.1900

v. Powers-of-Attorney

In order for DOES WOTC to process certification requests from consultants in compliance with requirements and standards set but USDOL, we must have a properly executed, up to date POA that is in compliance with the ETA Handbook 408 for WOTC and/or guidelines established by the Internal Revenue Service. Please observe the checklist below prior to submitting your paper version of the POA for verification and approval before we proceed in processing certifications.

- ✓ Taxpayer's name and/or address are not included or are incomplete, or signature(s) is/are missing.
- ✓ Taxpayer's IRS identification number was omitted.
- ✓ The representative's name and/or address are not included or incomplete. An eligible individual must be named. A company name alone may not be used. (Section 2 of IRS 2848 form)
- ✓ Signatures for authorized representative(s) do not appear on the POA. Only authorized signatories will be considered valid. Be sure to fill in a designation letter or jurisdiction.
- ✓ Specified years or periods of POA are not documented. Indefinite periods are not acceptable.
- ✓ Notarizing or witnessing and attestation, as required for a copy of a POA, were omitted.
- ✓ Make sure the taxpayer's and representatives' dated signatures are within 45 days of each other, per IRS 2848 instructions.

vi. E-filing Supporting Documentation

Consultants may 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 your documentation. 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. We will make sure a folder is set up for your entity. In order to accommodate and facilitate your submissions, please follow these outlined instructions. 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 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, locate the folder for your entity. You may upload documents. The site will only accept 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.