

Employer Certification  
 Work Opportunity Tax Credit (WOTC)  
 (Optional)

U. S. Department of Labor  
 Employment and Training Administration



OMB Approval No. 1205-0374  
 Expires: 03/31/97

1. NAME AND ADDRESS OF CERTIFYING AGENCY	2. CONTROL NO. (For Agency Use Only)	3. DATE COMPLETED
	4. TELEPHONE NO.	5. INITIATING AGENCY CODE (For Agency Use Only)

**PART A. EMPLOYER**

6. NAME AND ADDRESS OF FIRM	7. TELEPHONE NO.	8. EMPLOYER TAX EIN NO.
	9. REPRESENTATIVE'S NAME AND TITLE	

**PART B. EMPLOYEE**

10. NAME AND ADDRESS OF EMPLOYEE	11. SOCIAL SECURITY NO.	12. EMPLOYMENT START DATE (Mo. Day, Yr.)
	13. TARGETED GROUP <input type="checkbox"/> Summer Youth (SY) Code if not SY: _____	

**PART C. CERTIFICATION**

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

14. NAME OF CERTIFYING OFFICER (Print or Type)	15. SIGNATURE (Certifying Officer)	16. DATE
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**COMMENTS: Minimum Employment Period.** Under the provisions of the Small Business Job Protection Act of 1996, employers can only claim the WOTC, for those target group members, who either were employed by the employer for, at least, 180 days (20 days in the case of summer youth employees), or have completed, at least, 400 hours of work performed for the employer (120 hours in the case of summer youth employees).

Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to reply to these requirements are mandatory as required by P.L. 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room N-4470, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0374).

**INSTRUCTIONS FOR COMPLETING AND ISSUING THE CERTIFICATION FORM (CF) ETA 9063 TO QUALIFIED EMPLOYERS.** Documentary evidence of eligibility, income (for Ex-Felons only) and/or sources of collateral contacts are required to issue a WOTC Certification. Information on the Certification substantiates the employer's claim to a tax credit.

**Note.** SESAs must inform each employer who receives a WOTC Certification of the required **Minimum Employment Period** as stated in the "Comments Box" of the Certification. Enforcement of the requirement is an IRS responsibility.

**Boxes to be completed on the Certification:**

- Box 1. Name and Address.** Identify the SESA as the sole, authorized, certifying agency and include the appropriate address and zip code.
- Box 2. Control Number.** Enter the control number developed by the SESA for its own use.
- Box 3. Date Completed.** Enter the month, day and year when the form was completed.
- Box 4. Telephone Number.** Enter area code and telephone number of certifying SESA.
- Box 5. Initiating Agency Code.** Enter agency code developed by SESA for its own use.
- Box 6. Name and Address of Firm.** Enter employer's name and address including zip code.
- Box 7. Telephone Number.** Enter area code and telephone number of employer.
- Box 8. Employer Tax EIN Number.** Enter employer's taxpayer identification number as it appears in his/her income tax return.
- Box 9. Representative's Name and Title.** Enter the name and title of the individual or consulting firm authorized by the employer to act on his/her behalf.
- Box 10. Name and Address of Employee.** Enter the employee's full name (i.e., last name, first and initial) and address including zip code and telephone number, if available.
- Box 11. Social Security No.** Enter the employee's social security number.
- Box 12. Employment Start Date.** Enter the month, day and year when the employee began to work for the employing firm.
- Box 13. Targeted Group.** Indicate, with a check mark "✓," if Summer Youth, or enter code for other target groups.
- Box 14. Certifying Official.** Type or print full name and title of authorized certifying official.
- Box 15. Signature.** Enter authorized, certifying official's signature.
- Box 16. Date.** Enter month, day and year when the Certification is issued by the certifying official.