Conditional Certification
Work Opportunity and
Welfare-to-Work Tax Credits

U.S Department of Labor

Employment and Training Administration

OMB Approval No. 1205-0371

1. INITIATING AGENCY CODE (For Agency Use Only) CODE:_____ _____Participating Agency _____SWA/DLA		3. TYPE OF CONDITIONAL CERT. (Check one) (For Summer Youth & Ex-Felon Grps. ONLY) a.___Original b.____Revalidation
4. FOR EX-FELON TARGET GROUP ONLY. b. Wages:_____ c. No. of Family members_____ d. Correctional Institution ID No:_____ a. Conviction or Release Date: _____		5. DATE COMPLETED (mo,day,yr) _____ (Certification good for 45 days from above date)
6. State Agency's Name and Address	7. SIGNATURE (Authorized Official)	8. TELEPHONE NO.

PART 1. INTRODUCTION

9. NAME OF INDIVIDUAL (Last, First, Middle)		10. SOCIAL SECURITY NO.
11. ADDRESS (Number, Street, City, State, Zip Code)	12. TARGET GROUP CODE ____ Summer Youth (SY) Enter Code if not SY:_____	13. GROUP (WtWTC) ___Long-Term Family Assistance Recipient Enter Code:_____

14. APPLICANT''S SIGNATURE:

NOTE TO EMPLOYER:

14. The above named individual may be eligible for certification under the Work Opportunity and/or Welfare-to Work Tax Credits as authorized under the IRS Code, Sec. 51 or 51A. **If the person is not employed before (Mo., Day, Yr.) this eligibility determination is subject to review.** _____	In the event you hire this person, you should request the certification necessary for you to claim a Work Opportunity and/or WtWTC. Simply, complete and sign the **Employer Declaration** below, mail to the **SWA or Designated Local Agency** together with the **PSN,** not later than the 21st day after the applicant starts work, and the **Employer WOTC and/or WtWTC Certification Form** will be returned to you, if all statutory requirements have been met.

PART II. EMPLOYER DECLARATION

I, HEREBY, DECLARE that the above named person was or will be employed by:

16.NAME OF FIRM:	17. POSITION/JOB TITLE	18. EMPLOYMENT START DATE (Mo.,Day, Yr.)	19. STARTING WAGE: $_____per hour
20. EMPLOYER'S NAME AND SIGNATURE:			20. DATE:

Please send a WOTC___; WtWTC___ certification(s) for this employee. The certification is for the purpose of obtaining benefits of the WOTC, under Sec. 51 and/or the Welfare-to-Work Credit, under Sec. 51A of the Internal Revenue Service. Employers are advised, that such credit will cease immediately upon notification of any subsequent invalidation. Employers are further advised that if the certification herein requested is for a member of the SUMMER YOUTH target group, the tax credit for which he/she may be eligible is subject to the limits described at Sec. 51 (d) (7) of the IRS Code.

NOTE: Falsification of data on this form is FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a fine or Imprisonment.