U.S. DEPARTMENT OF LABOR

Employment and Training Administration

Work Opportunity and Welfare-to-Work Tax Credits

OMB Approval No. 1205-0371
Expiration Date: 07/31/98

1. NAME OF INDIVIDUAL:	**Agency Declaration of Verification Results (OPTIONAL)**	2. SOCIAL SECURITY NO.

3. EMPLOYER NAME AND ADDRESS

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

4. CERTIFYING AGENCY	5. DATE CERTIFIED
CC Issued By: ____ Participating Agency ____ SESA	

6. SOURCES USED TO DOCUMENT ELEGIBILITY:

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

a. ☐ I have reviewed/contacted the source(s) indicated in box 6 above and have confirmed that the certified individual is **ELIGIBLE**.

b. ☐ I have reviewed/contacted the source(s) indicated in box 6 above and have confirmed that the certified individual is **INELIGIBLE**. because:

c. ☐ I have **not been able to establish** that the certified individual is **INELIGIBLE** because:

8. NAME AND TITLE OF REVIEWER (Type or print)	9. SIGNATURE	10. DATE

NOTE: Falsification of data on this form is a FEDERAL CRIME in violation of 18 USC 1001. Falsification of work or concealment of information is PUNISHABLE by a FINE of no more than $10,000 or IMPRISONMENT of not more than 5 years.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondent's obligation to reply to these requirements 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 for 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 Project 1205-0371).

BACKGROUND TO THE AGENCY DECLARATION OF VERIFICATION RESULTS (ADVR), ETA FORM 9065. The Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982 (P.L. 97-248), reemphasized the **"testing"** of **"TJTC Certifications,"** which was **mandated** by the **Economic Recovery Tax Act (ERTA) of 1981 (P.L.97-34).** Besides specifying that funds "be used to test whether individuals certified as members of targeted groups... are eligible for such certification (including the use of **statistical sampling techniques) ...," the Act** requires the Secretary of Labor to, annually, report the results of these tests to the Congress. These provisions apply in full force to the certification process under the WOTC program and the Welfare-to-Work Tax Credit.

Note. Verification activities require **testing the validity** of all Certifications issued by the SESAs, including the Conditional Certifications and other documentation which results in Certifications. Quality review and audits are both parts of certification. A General Accounting Office (GAO) report recommended that verification activities be done by **"other than the person who originally processed..." the Individual Characteristics Form or the Conditional Certification.**

DEFINITIONS:

1. **Quality Reviews** - the review, at specific points in the eligibility determination/certification process, of forms, and other documentation, including the Certification itself, to ensure that the required information is complete, consistent and accurately recorded.

2. **Audit** - the post-issuance examination of a **random sample** of Certifications and supporting documentation to verify the validity of the Certifications issued.

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

Box 1: **Name of Individual.** Enter the full name (last, first and middle initial) of the certified target group member/employee.

Box 2. **Social Security No.** Enter the employee's social security number.

Box 3. **Employer Name and Address.** Enter employer's name and address including zip code and telephone number.

Box 4. **Certifying Agency.** Enter name of SESA issuing Certification. Indicate with a check mark "✓" whether CC was issued by a Participating Agency or a SESA.

Box 5. **Date Certified.** Enter month, day and year when the Certification was issued.

Box 6. **Documentary Sources.** List and/or describe the documentary evidence or sources of collateral contacts that are attached to to the Certification and/or Individual Characteristics Form.

Box 7. **Audit Sample Results.** Indicate with a "✓" if individual is "eligible" or "ineligible," for a, b or c. If b or c, explain why and follow instructions below.

a. If review of documentation reveals that the Certified individual is **Eligible,** enter a check mark "✓."

b. If review of documentation reveals that the Certified individual is **Ineligible,** explain why, and for Conditional Certifications (CCs) prepare and send:

Notification of Invalidation (NOI) to the applicant and the SESA/WOTC staff; and
Notify employer to whom applicant was referred that the CC is **invalid** because of missing or incorrect information/items and that without such information **no Certification** can be issued.

For **invalid** Certifications, prepare and send to employer **a Notice of Revocation (NOR)** explaining the reasons of such action and send a copy to the Regional Office and IRS in Washington, D.C., since employer eligibility for the tax credit does not cease until the date the employer is notified, in writing, that the Certification has been invalidated, thereby, revoked.

c. If review of documentation reveals that the SESA **has not been able to establish eligibility** indicate and explain the reasons.

Box 8. **Name and Title of Reviewer.** Type or print full name and title of authorized staff conducting audit review.

Box 9. **Signature.** Enter signature of authorized reviewer conducting audit.

Box 10. **Date.** Enter month, day and year when audit was conducted.