Employer Certification
Work Opportunity and Welfare-to-Work Tax Credits
(OPTIONAL)

U. S. Department of Labor
Employment and Training Administration

OMB Approval No.
Expires:

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. WOTC TARGET GROUP ☐ Summer Youth (SY) Code if not SY: _____	

14. WELFARE-TO-WORK TAX CREDIT GROUP

☐ Long-Term Family Assistance Recipient

PART C. CERTIFICATION

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

15. NAME OF CERTIFYING OFFICER (Print or Type)	16. SIGNATURE (Certifying Officer)	17. DATE

COMMENTS:

TO EMPLOYERS. Employers are hereby informed that they cannot claim both the WOTC and the WtW tax credits for the same employee in the same taxable year.

Two-Tier Minimum Employment Period Under the WOTC. Under the provisions of the **Taxpayer Relief Act of 1997,** employers can claim a 25% WOTC for those target group members who were employed by the employer for, at least 120 hours or a 40% credit for individuals performing 400 hours or more of work for the employer. (120 hours in the case of summer youth employees).

Minimum Employment Period Under the Welfare-to-Work Credit. Under the provisions of the **Taxpayer Relief Act of 1997** and the **IRS Code Secs. 51 and 51A,** employers can only claim the Welfare-to-Work Credit, for the Long-Term Family Assistance Recipient if he/she was employed by the employer for at least 180 days, or completed at least 400 hours of work.

Note. Whenever a SESA/DLA verifies that an employee qualifies both as a member of a WOTC target group and as a Long-Term Family Assistance Recipient for the WtW Tax Credit, the SESA/DLA should issue an **Employer Certification, ETA 9063** certifying the employee's DUAL status as member of a WOTC target group and as a Long-Term Family Assistance Recipient.

Persons are not required to respond to this request unless it displays an OMB approval number. Respondent's obligation to reply to these requirements is required to obtain or retain benefits (P.L. 104-188. Public reporting burden for this collection of information is estimated to average 8 hours 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, please send them to the U.S. Department of Labor, U.S. Employment Service, Room N-4470, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).

INSTRUCTIONS FOR COMPLETING AND ISSUING THE EMPLOYER CERTIFICATION FORM (CF) ETA FORM 9063 TO QUALIFIED EMPLOYERS. Documentary evidence of eligibility, income (for Ex-Felons only) and/or sources of collateral contacts are required to issue WOTC and WtW Certification.

Note: **SESAs** must issue dual certifications for employees who qualify as a member of a WOTC target group and as a long-term welfare recipient (WtW), and both certifications should be counted for reporting purposes.

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 Identification Number.** Enter employer's identification number.

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 under the WOTC program.

Box 14. **Group.** Indicate, with a check mark " ✓," if Long-Term Family Assistance Recipient under the WtW Tax Credit.

Box 15. **Certifying Official.** Type or print full name and title of authorized certifying official.

Box 16. **Signature.** Enter authorized, certifying official's signature.

Box 17. **Date.** Enter month, day and year when the Certification is issued by the certifying official.