

State of Arkansas Work Opportunity Tax Credit (WOTC) Automated System User Guide For Employers

https://ar.wotc-web.net/wa_login_emp.html

The screenshot shows the 'Employers' login page for the Arkansas Department of Workforce Services. The page has a blue header with the department's name and a city skyline image. The main content area is white with a grey border. It features a red 'Employers' title, a 'New Employer Account Set-up:' section with a checked 'Set up New Registration' checkbox, and a 'Returning Employer:' section with input fields for 'Company FEIN' and 'Password'. A 'Sign In' button is at the bottom of the login section. A footer note provides an email address for questions.

Arkansas Department of Workforce Services

Employers

New Employer Account Set-up:

☒ Set up New Registration

Returning Employer:

Company FEIN Enter without dashes

Password [Forgot Your Password?](#)

[Sign In](#)

If you have questions or comments about this site please e-mail ADWS.WOTC@arkansas.gov

New employers may use this page to set up an account by selecting “Set up New Registration.”

This is the employer login page and allows returning employers to access information regarding their WOTC applications and status.

Returning employers may enter their FEIN number 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.

Arkansas Department of Workforce Services

Employer Menu

Test Employer

Click on the text to select an option below
View Company Information
Change Password
Enter New Application
View Status of Applications
Print New Certifications
Print New Denials
Log Off & Close Window

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

The Employer Menu appears after login and will display the company name in the heading. The menu allows access to the following functions:

- View Company Information. View company information previously saved within the database. If changes need to be made to the company information, contact the Arkansas WOTC office at ADWS.WOTC@arkansas.gov.
- Change Password. Allows you to change your access password.
- Enter New Application. Enter a new employee application under your FEIN. This includes the 8850 Part 1 and 2 and the ICF (9061) forms.
- View Status of Applications. View the status of previously entered applications using any or all of the available search criteria: date ranges, employee SSN, first and last name. Applications may also be viewed by status: Pending, Certified, Denied or all.
- Print New Certifications. The Arkansas State WOTC staff may set up your account to print your certified applications.
- Print New Denials. The Arkansas State WOTC staff may set up your account to print your denied applications.
- Log Off and Close Window.

View Company Information

Arkansas Department of Workforce Services

WOTC Employer Registration View

Company Information	
Company Name:	Test Employer
Federal Employer ID Number (FEIN):	333333333
Mailing Address:	123 Main Street
Address 2:	
City:	Little Rock
State:	AR
Zip Code:	72202
Contact Name - First/Initial/Last:	First M Last
Title:	
Phone Number:	
Fax Number:	
E-Mail Address:	
Physical Address (if different from Mailing Address):	
Address 2:	
City:	
State:	
Zip Code:	
Will you be responsible for retrieving decisions available on this website?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Back to Menu**Submit**

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

Change Password

Arkansas Department of Workforce Services

Change Password

FEIN:	333333333
Current Password:	<input type="password"/> (will show as "**")
New Password:	<input type="password"/> (will show as "**")
(Must be at least 5 characters max of 12)	
Re-Type New Password:	<input type="password"/> (will show as "**")

Back to Menu**Submit**

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

Enter New Application

Arkansas Department of Workforce Services	
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:	- - - - -
* Name - First /Initial /Last:	/ /
* Mailing Address - Street:	
* City:	
* State:	Arkansas
* Zip Code:	
Phone Number:	- - - - -
Date of Birth:	/ / (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: City: State: Zip Code:
<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:	OR <input type="checkbox"/> Signature on File Date of signature: / /

8850 Part 2																		
Employer Information																		
EIN:	33333333																	
Company Name:	Test Employer																	
Phone Number:																		
Address:	123 Main Street																	
Address 2:																		
City:	Little Rock																	
State:	AR																	
Zip Code:	72202																	
Contact:	First M Last																	
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): <input type="text"/>																		
<table border="1"> <tr> <td rowspan="2">*DATE APPLICANT:</td> <td>Gave Information</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Was Offered Job</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>Was Hired</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td>Started Job</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </table>		*DATE APPLICANT:	Gave Information	<input type="text"/>	<input type="text"/>	<input type="text"/>	Was Offered Job	<input type="text"/>	<input type="text"/>	<input type="text"/>	Was Hired	<input type="text"/>	<input type="text"/>	<input type="text"/>	Started Job	<input type="text"/>	<input type="text"/>	<input type="text"/>
*DATE APPLICANT:	Gave Information		<input type="text"/>	<input type="text"/>	<input type="text"/>	Was Offered Job	<input type="text"/>	<input type="text"/>	<input type="text"/>									
	Was Hired	<input type="text"/>	<input type="text"/>	<input type="text"/>	Started Job	<input type="text"/>	<input type="text"/>	<input type="text"/>										
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. I hereby request a certification that the individual is a member of a targeted group.																		
Employer: First M Last Title:	Date of signature: <input type="text"/>																	

Form 9061 (ICF) follows. Note that if any required 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 Employer identify the necessary entry location.

0081 (PDF)	
8. Have you worked for this employer before?	<input type="radio"/> Yes <input type="radio"/> No
9. Employment Start Date:	Filed in above
10. Starting Wage:	\$ <input type="text"/> per hour
11. Position:	<input type="text"/>
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: • Category B1: 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? • Category B2: Are you a veteran entitled to compensation for a service-connected disability? • Were you discharged or released from active duty within the year before you were hired? • Were you unemployed for a combined period of at least 6 months during the year before you were hired?	
14. Category C: Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for: • the 6 months before you were hired, • at least a 3-month period during the 6 months before you were hired and are no longer receiving them?	
15. Category E: Were you referred to an employer by: • a Vocational Rehabilitation Agency approved by a State? • an Employment Network under the Ticket to Work Program? • the Department of Veterans Affairs?	
16. Category I: Are you a member of a family that: • received TANF assistance for at least the last 18 months before you were hired? • 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? • stopped 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? • Category A: Are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired?	
Primary Recipient of Benefits If applicant is not a primary recipient of benefits, please provide the following:	
Name of Primary Recipient of Benefits: <input type="text"/> City: <input type="text"/> State: <input type="text"/>	
17. Category C: Were you <u>convicted</u> of a felony or <u>released</u> from prison after a felony conviction during the year before you were hired? Date of Conviction (Month/Day/YYYY): <input type="text"/> Date of Release (Month/Day/YYYY): <input type="text"/> Was this a Federal or State conviction? (Check one) <input type="radio"/> Federal <input type="radio"/> State	
18. Category D/F: Do you live in an Employment Zone or Renewal Community? Or, in a Rural Renewal County (RRC)? YES , enter name of the RRC: <input type="text"/>	
19. Category H: Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?	
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 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 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?	
21. Category K: 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?	
SOURCES USED TO DOCUMENT ELIGIBILITY: <input type="text"/>	
Note: 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="radio"/> Employer Completed Form OR Date of Signature: <input type="text"/> <input type="radio"/> Employee Completed Form, Signature on file	
If applicant received benefits in another state signify the city and state below: City: <input type="text"/> State: <input type="text"/>	
<input type="button" value="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.	
<input type="button" value="Back to Menu"/>	

Privacy Act and Paperwork Reduction Act Notice
<p>Section references are to the Internal Revenue Code</p> <p>Section 51(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:</p> <p>Recordkeeping 3 hr., 16 min. Learning about the law or the form 46 min. Preparing and sending this form to the SWA 42 min.</p> <p>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:T:SP, 1111 Constitution Ave. NW, IR-8406, Washington, DC 20224</p> <p>DO NOT send this form to this address. Instead, see When and Where To File in the separate instructions.</p>

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

^See red arrow in light green box above for example of required field marked when "Submit" used but entry not complete.

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!

333333333

777777777

submitted on 09/16/2011
at 3:04 PM

ARKANSAS DEPARTMENT OF WORKFORCE SERVICES

Work Opportunity Tax Credit Program

P. O. Box 2981, Little Rock, AR 72203-2981

Telephone: 501-683-1354 Fax: 501-682-2576

www.arkansas.gov/esd/

ADWS.WOTC@arkansas.gov

[Print This Page](#)

Please click on one of the following buttons to continue.

Back to Menu

Enter New Application

Viewing the Status of an Application(s): 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, one 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, Status Date or Determination Date.

Arkansas Department of Workforce Services

Status of Application Search

Test Employer

Enter information below to perform a customized search for an application

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.

Pending

Certified

Denied

All

Back to Menu

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

Search results will display and include the current status:

Arkansas Department of Workforce Services

Application Status List

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

Test Employer

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 once the FEIN is verified.

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
Jones	John	111-11-1111	09/01/2011	Cert/Done
Test	Susie	444-44-4444	09/10/2011	Certified
Tester	Tester	555-55-5555	09/01/2011	Certified
Testing	Testing	999-99-9999	08/26/2011	In Process

List Total: 4

Back to Menu

New Search

Application Status: Employers with authorization to print certificates and denial letters may create the print file from this list for all applications fully processed. The details of the application status may be viewed with details provided for pending, certified, denied or withdrawn applications including any notes by Arkansas state WOTC staff.

Forms 8850 Part 1, 8850 Part 2 and 9061 (ICF) may be viewed from the Status List.

Arkansas Department of Workforce Services

Susie T Test

SSN: 444-44-4444

Employer: Test Employer

FEIN: 33333333

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 I8850 Part II9061

Back to Status List

New Search

Back to Menu

View 8850 Part 2View 9061

Print 8850 - Part 1

Back to StatusBack 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.

OMB No. 1545-1500

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your nameSusie T. Test

Street address where you live321 Main Street

City or town, state, and ZIP codeLittle Rock, AR, 72222

Telephone number123-456-6789

If you are under age 40, enter your date of birth (month, day, year)06/06/1955

444-44-4444

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.

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.

3 ☐ Check here if any of the following statements apply to you.

- 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:
 - a Received SNAP benefits (food stamps) for the past 6 months or
 - b 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:
 - 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, and
 - b 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, and
 - c 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 ☒ Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:

- Discharged or released from active duty in the U.S. Armed Forces, or
- Unemployed for a period or periods totaling at least 6 months.

5 ☐ Check here if you are a member of a family that:

- Received TANF payments for at least the past 18 months, or
- Received 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, or
- Stopped 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: Susie T. Test

Date: 09/01/2011

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. Z2851L

Form 8850 (Rev. 8-2009)

[View 8850 Part 1](#)
[View 9061](#)

[Print 8850 - Part 2](#)

[Back to Status](#)
[Back to Menu](#)

Form 8850 (Rev. 6-07) Page 2

For Employer's Use Only

Employer's name Test Employer Telephone no. EIN 33333333

Street address 123 Main Street

City or town, state, and ZIP code Little Rock, AR 72202

Person to contact, if different from above First M Last Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

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),

Applicant: Gave Information 08/30/2011 Was offered job 09/01/2011 Was hired 09/01/2011 Started job 09/10/2011

State Only if Box 1 on Page 1 is Checked ☐ 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.

Indicate county or parish of job _____

I believe the information on this form is true and correct. I believe 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 applicant 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: 09/01/2011

by Act and Paperwork Reduction Act Notice

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 SESA** . . . 30 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:SP, 1111 Constitution Ave. NW, IR-6406, 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. 6-07)

Update 9061 (ICF): If a Denial is determined and entered for an application, Form 9061 (ICF) may be resubmitted for consideration of additional categories by selecting the Add Changes button on the Denial Form.

[View 8850 Part 1](#)
[View 8850 Part 2](#)

[Print 9061](#)

[Back to Status](#)
[Back to Menu](#)

U.S. Department of Labor
Employment & Training Administration

Individual Characteristics Form (ICF)
Work Opportunity Tax Credit

1. Control Number (For Agency Use Only)		Applicant Information (See instructions on reverse)		OMB No. 1205-0371 Expiration Date: November 30, 2011 3. Date Received (For Agency Use Only) 09/16/2011	
EMPLOYER INFORMATION					
3. Employer Name Test Employer		4. Employer Address and Telephone 123 Main Street Little Rock AR 72202		5. Employer Federal ID Number (EIN) 33333333	
APPLICANT INFORMATION					
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	
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION					
9. Employment Start Date 09/10/2011		10. Starting Wage \$ 12.00 per hour		11. Position 33 Protective Services	
12. Are you at least age 16, but under age 40? YES If YES, enter your date of birth <u>06/08/1955</u>					
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 either 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 9 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 Empowerment 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 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?					
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.					
23. Signature <u>Susie T Test</u>				24. Date <u>09/01/2011</u>	

Arkansas Department of Workforce Services



Testing L Testing

SSN: 999-99-9999
Employer: Test Employer
FEIN: 333333333
Start Date: 08/26/2011

Status: Denied	
Determination Date: 09/16/2011	
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 consecutive 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

► Print Denial

► Back to Status List

► New Search

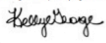
► Back to Menu

The form to change the 9061 after a denial follows:

Arkansas Department of Workforce Services									
WOTC Update Registration ETA 9061 - Individual Characteristics Form (ICF)									
The ETA Form 9061 can be amended only to receive new category submissions. Changes made to this form will update the original submission. Mouse click or use the Tab key on the keyboard to move between fields.									
Employer Information									
Test Employer 123 Main Street Little Rock AR 72202 333333333 For applicant Testing L Testing									
The above named individual is determined to have the following characteristics for WOTC Target Group Certification:									
12. Date of Birth	01/01/1960 51								
13. If you are a Veteran of the U.S. Armed Forces: <ul style="list-style-type: none">Category B1: 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?Category B2: Are you a veteran entitled to compensation for a service-connected disability?<ul style="list-style-type: none">Were you discharged or released from active duty within the year before you were hired?Were you unemployed for a combined period of at least 6 months during the year before you were hired?	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> Yes and <input checked="" type="checkbox"/> Yes or <input type="checkbox"/> Yes								
14. Category G: Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for: <ul style="list-style-type: none">the 6 months before you were hired.at least a 3-month period during the 5 months before you were hired and are no longer receiving them?	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> Yes								
15. Category E: Were you referred to an employer by <ul style="list-style-type: none">a Vocational Rehabilitation Agency approved by a State?an Employment Network under the Ticket to Work Program?the Department of Veterans Affairs?	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> Yes or <input checked="" type="checkbox"/> Yes								
16. <ul style="list-style-type: none">Category I: Are you a member of a family that:<ul style="list-style-type: none">received TANF assistance for at least the last 18 months before you were hired?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?stopped 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?Category A: Are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired?	<input checked="" type="checkbox"/> Yes or <input type="checkbox"/> Yes or <input type="checkbox"/> Yes <input checked="" 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 <u>convicted</u> of a felony or <u>released</u> from prison after a felony conviction during the year before you were hired? Date of Conviction (Month/DD/YYYY): Date of Release (Month/DD/YYYY): Was this a Federal or State conviction? (Check one)	<input type="checkbox"/> Yes If yes, complete the following: <table border="1"><tr><td></td><td>/</td><td>/</td><td></td></tr><tr><td></td><td>/</td><td>/</td><td></td></tr></table> <input type="checkbox"/> Federal <input type="checkbox"/> State		/	/			/	/	
	/	/							
	/	/							

18. Category D/F: 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 checked="" 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 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 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 checked="" type="checkbox"/> Yes
21. Category K: 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?		<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="radio"/> Employer Completed Form OR Date of signature: <input type="text"/> / <input type="text"/> / <input type="text"/> <input type="radio"/> Employee Completed Form; Signature on file		
If applicant received benefits in another state signify the city and state below:		
City	<input type="text"/>	
State	<input type="text"/>	
<input type="button" value="Submit"/>		
<input type="button" value="Back to Menu"/>		
If you have questions/comments about this site please e-mail ADWS.WOTC@arkansas.gov		

Printed certificate.

<input type="button" value="Print Certification"/>	
<input type="button" value="Back to Menu"/>	
<input type="button" value="New Search"/>	
Employer Certification Work Opportunity Tax Credits (OPTIONAL)	
U.S. Department of Labor Employment and Training Administration	
OMB No. 1205-0371 Expiration Date	
1. NAME AND ADDRESS OF CERTIFYING AGENCY: Arkansas Department of Workforce Services Work Opportunity Tax Credit Program PO Box 2981 Little Rock, AR 72203-2981	
2. CONTROL NO. (For Agency Use Only)	
3. DATE COMPLETED 09/16/2011	
4. TELEPHONE NO. (501) 683-1354	
5. INITIATING AGENCY CODE (for Agency Use Only)	
PART A. EMPLOYER	
6. NAME AND ADDRESS OF FIRM Test Employer 123 Main Street Little Rock AR 72202	
7. TELEPHONE NO. 333-444-5555	
8. EMPLOYER TAX EIN NO. 333333333	
9. REPRESENTATIVE'S NAME AND TITLE First M Last	
PART B. EMPLOYEE	
10. NAME AND ADDRESS OF EMPLOYEE John Q Jones 456 Main Street Little Rock AR 72222	
11. SOCIAL SECURITY NO. 111-11-1111	
12. EMPLOYMENT START DATE (Mo., Day, Yr.) 09/01/2011	
13. TARGETED GROUP CODE: (check those that apply) <input type="checkbox"/> Summer Youth (SY) <input type="checkbox"/> Ticket Holder (TH) with Individual Work Plan from Employment Network (EN) <input checked="" type="checkbox"/> Long-term Family Assistance Recipient (LTFAR) Code if not SY, TH or LTFAR: B,G	
PART C. CERTIFICATION	
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.	
14. NAME OF CERTIFYING OFFICER (print or type) Kellye George	
15. Signature (Certifying Officer) 	
16. DATE 09/16/2011	
Comments to Employers: 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 begin work for the employer after December 31, 2006 (i.e., on or after January 1, 2007).	
<ul style="list-style-type: none"> The Long-Term Family Assistance (LTFAR) recipient is now target group I 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 (instead of 55% under the WWTCT) 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 I 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. 	
Note: More information is available in the instructions for IRS Form 5884, Work Opportunity Credit, for tax year 2007.	
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.	
ETA Form 9083 (Rev. June 2007)	

A confirmation will appear when the resubmission is completed. Or message regarding problem(s) with this process.

Your Application has been resubmitted successfully!

333333333
Test Employer
999999999
resubmitted on 09/16/2011
at 2:50 PM

Arkansas Department of Workforce Services
Work Opportunity Tax Credit Program
Post Office Box 2981
Little Rock, AR 72203-2981
ADWS.WOTC@arkansas.gov

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