A Business Guide To

WORK OPPORTUNITY TAX CREDIT

Obtain tax credits for your company by hiring qualified individuals with barriers to employment.

Missouri Division of Workforce Development

Time-sensitive Forms Enclosed
Work Opportunity Tax Credits

Work Opportunity Tax Credits may be claimed by any private, for-profit business. Qualified "tax-exempt" [501(c)] organizations may claim tax credits for the veteran target groups only. The credit amounts for "tax-exempt" organizations are different than the amounts for "for-profit" organizations. (See the instructions for IRS Form 5884-C for more details.) There are no limits on the number of qualifying new hires or on the total amount of credits distributed each year. The credits cannot be claimed on previous employees, relatives, domestic employees, or on wages federally subsidized by on-the-job training programs.

For most of the target groups, the federal tax credit is 40% of the first $6,000 in wages, for a maximum credit of $2,400 each for employees that work at least 400 hours. If the individual separates before working 400 hours, but has worked at least 120 hours, the credit is 25% (up to a maximum credit of $1,500).

For *youths hired as summer employees* between May 1 and September 15, and who live in an Empowerment Zone*, the tax credit is 40% of the first $3,000 of wages, for a maximum credit of $1,200 for employees who work at least 400 hours. If the youth separates before working 400 hours but has worked at least 120 hours, then the credit is 25% of the first-year wages (up to a maximum credit of $750).

The tax credit for *Disabled Veterans* is calculated at 40% of the eligible employee’s first $12,000 in wages for the first year (up to a maximum credit of $4,800) if 400 hours of employment is reached. For employees who work at least 120 hours, but less than 400 hours, the credit is calculated at 25% of the employee’s first $12,000 in wages for the first year (up to a maximum credit of $3,000).

The tax credit for the **Disabled Veteran with Six Months of Unemployment** is calculated at 40% of the eligible employee’s first $24,000 in wages for the first year (up to a maximum credit of $9,600) if 400 hours of employment is reached. For employees who work at least 120 hours, but less than 400 hours, the credit is calculated at 25% of the employee’s first $12,000 in wages for the first year (up to a maximum credit of $3,000).

The tax credit for the **Unemployed Veteran with Six Months of Unemployment** is calculated at 40% of the eligible employee’s first $14,000 in wages for the first year (up to a maximum credit of $5,600) if 400 hours of employment is reached. For employees who work at least 120 hours, but less than 400 hours, the credit is calculated at 25% of the employee’s first $14,000 in wages for the first year (up to a maximum credit of $3,500).

The **Long Term Family Assistance Recipient Target Group** is eligible for a two-year program that provides businesses tax savings up to $9,000 per eligible long-term Temporary Assistance for Needy Families (TANF) recipient hired. The first-year credit is equal to 40% of the first $10,000 in qualified wages (up to a maximum credit of $4,000). The second year’s credit is 50% of the first $10,000 in qualified wages (up to a maximum credit of $5,000). The employee must work and be retained for a minimum of 400 payroll hours for the employer to receive the full tax credit.

*See page 7 for details.*

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*Missouri Work Opportunity Tax Credit Program*
Your Business Could Qualify When You Hire from These Target Groups:

TANF RECIPIENT:
A member of a family that has received Temporary Assistance for Needy Families (TANF) for any nine months during the 18-month period ending on the date of hire.

FOOD STAMPS RECIPIENT:
An 18- to 39-year-old that is:
- A member of a family that received food stamps for the last six months ending on the date of hire; or
- An able-bodied adult without dependents who ceases to be eligible due to failure to meet the work requirements of the Food Stamp Act and who received food stamps for only three months out of the last five-month period ending on the date of hire.

DESIGNATED COMMUNITY RESIDENT:
An 18- to 39-year-old resident of the federally designated Empowerment Zones located in urban St. Louis; or, a resident of a Rural Renewal county.

SUMMER YOUTH:
A 16- to 17-year-old Empowerment Zone resident hired between May 1 and September 15.

FOOD STAMPS VETERAN:
A veteran who is a member of a family receiving food stamps for any consecutive three months during the 15-month period ending on the date of hire.

DISABLED VETERAN:
A disabled veteran who is entitled to compensation for a service-connected disability (10% or greater) and who has a date of hire that is not more than one year after having been discharged or released from active duty in the U.S. Armed Forces.

DISABLED VETERAN UNEMPLOYED FOR SIX MONTHS:
A disabled veteran who is entitled to compensation for a service-connected disability (10% or greater) and who was unemployed for at least six months within the 12-month period ending on the date of hire.

UNEMPLOYED VETERAN (SHORT-TERM)
A veteran who has been unemployed for at least four weeks within the 12-month period ending on the date of hire.

UNEMPLOYED VETERAN (LONG-TERM)
A veteran who has been unemployed for at least six months within the 12-month period ending on the date of hire.

VOCATIONAL REHABILITATION:
A disabled person who:
- Has an Individual Plan for Employment (IPE) from a state agency or the U.S. Department of Veterans Affairs open before the date of hire or has a date of hire within two years of the IPE closing date; or
- Holds a “Ticket to Work” that is referred by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program or the Department of Veterans Affairs.

EX-FELON:
An ex-felon who was convicted or released from prison (or is participating in a Work Release program) within the 12 months ending on the date of hire.

SUPPLEMENTAL SECURITY INCOME:
A person who received Supplemental Security Income (SSI) for any month within the last 60-day period ending on the date of hire.

LONG-TERM TANF RECIPIENT:
- A member of a family that received Temporary Assistance for Needy Families (TANF) benefits for at least 18 consecutive months ending on the date of hire, or
- A member of a family whose TANF eligibility expired under a Federal or State law after August 5, 1997, and is hired within two years after this eligibility expired.

LONG-TERM UNEMPLOYMENT RECIPIENT:
Defined as any individual who is certified by the designated local agency as being in a period of unemployment which –
- Is not less than 27 consecutive weeks, and
- Includes a period in which the individual was receiving unemployment compensation under State or Federal law.
Business Process - 5 Easy Steps
Save time, apply online! Learn more at jobs.mo.gov/wotc

1. Get the forms
IRS Form 8850 and its instructions can be found on pages 9–14 of this packet. Please feel to tear this form out and make as many copies as you need. You also can visit either one of the following websites to download the needed forms: www.doleta.gov/business/incentives/opptax/or www.IRS.gov (IRS Form 8850 and Instructions). You also can call toll free (800) 829-4933.

2. Screen your applicants
Use the IRS Form 8850 to screen all applicants for potential target-group membership. The IRS requires that you do this on (or before) the day that you offer the job. Therefore, the “Gave Information” date (page 10) must be on or before the “Was Offered Job” date. We suggest that you type in all your information, such as company name, address, etc., and then duplicate the form. The signature must be original and the rest of the company information can be copied. This will save time filling in that same information for each applicant. Add this form to your application packet or similar materials an individual might complete when applying for a job with your company. IRS Form 8850 does not ask the applicant to identify which target group he/she belongs to. Applicants just check boxes 2 to 5 if any of the statements apply to them. If the applicant does not mark anything, STOP, and DO NOT mail the form to us.

3. Go through your normal hiring process
If you hire someone that checked a box on the IRS Form 8850, have this new employee complete the ETA Form 9061 Individual Characteristics Form (ICF), which can be found on pages 15–19 in this book. This form asks new employees to identify the target group to which they belong.

4. Review the forms
Check the two forms to be sure they are legible and complete. Check the ETA Form 9061 to be sure a target group is indicated. Often, an applicant may feel that one of the statements on the IRS Form 8850 does apply to them, but feels that the more detailed statement on the ETA Form 9061 does not exactly apply. When this occurs, STOP, and DO NOT mail the forms to us. The IRS requires the forms to be postmarked by the 28th day after the employee’s start date. Like other IRS filing deadlines, we check the postmark date to prove the filing deadline was met. The only exception to the 28-day filing requirement is if the 28th day is a Saturday, Sunday, or Federal holiday. We can then accept a postmark of the next business day.

5. Keep your completed records for official documentation and submit online at jobs.mo.gov/wotc. You can also sign and mail the completed, original forms to:

Attention WOTC
Division of Workforce Development
P.O. Box 1087
Jefferson City, Missouri 65102-1087
Division of Workforce Development Procedures

When we receive your forms, we immediately compare the postmark date and the job-start date. We also check for employee and employer signatures.

The Application/Forms will be **denied** without exception if:
- The filing deadline is not met, and/or
- Signatures are missing.

If we get timely forms with original signatures, we will check state government records to verify your employee was a member of a target group indicated on the ETA Form 9061.

If we find your employee meets the eligibility guidelines, we will send you the Employer Certification letter that you or your accountant will need to claim the credit.

If we find your employee does **not** meet the eligibility guidelines, we will send you a **denial letter** stating the reason the application was denied.

If we don’t have enough information to make a determination of eligibility, we will send you a letter requesting **additional information**.

Proof of Eligibility (Documentation)

**If your employee indicates eligibility for:**

- TANF Target Group
  - No proof is needed.
- Food Stamp Target Group
  - No proof is needed.
- SSI Target Group
  - No proof is needed.
- Vocational Rehabilitation Target Group
  - No proof is needed, *if* the services were provided by the State of Missouri. We do need proof from you if the services were provided by the Veterans Administration or another state. A letter from the Vocational Rehabilitation Counselor giving the Individual Plan for Employment (IPE) date (which must be before the hire date) will work as proof.
• Empowerment Zone or Rural Renewal County resident.
  ► We can usually get proof of age and address from the records we have access to. If we can’t get the information, we will notify you. The ETA Form 9061 Instructions give a list of acceptable forms of proof.

• Veteran Target Groups
  ► We need a copy of the applicant’s DD-214 or other form of discharge papers. For a disabled veteran, we will also need proof of disability from the U.S. Department of Veterans Affairs (VA).

• Ex-Felon Target Group
  ► We can get the conviction and release information for the State of Missouri. A letter from a probation or parole office giving the conviction date and release date will be accepted as proof.

• Long Term Family Assistance Recipient
  ► No proof is needed.

• Long Term Unemployment Recipient
  ► No proof is needed. We have access to Unemployment and Wage records.

Accounting Process

You can claim the Work Opportunity Tax Credit by filing the IRS Form 5884 (or IRS Form 5884-C for tax-exempt organizations). The sample form can be found on page 14 of this guide. If you have any questions concerning the accounting processes, please call your local IRS Office or, toll free, IRS Telephone Assistance for Businesses: (800) 829-4933, Monday–Friday, 7 AM–10 PM, your local time.

Records Retention
The WOTC records, including application, pertinent forms, and supporting documentation, should be retained by the employer for five (5) years from the date of the written Certification from the State Workforce Agency (SWA). Revoked or denied Certifications must be retained for at least one (1) year, but longer if further action or an appeal is pending. This time period conforms to the IRS “record retention required” for employment taxes, which specifies that records be kept for four (4) years after employment taxes are due.

Designating a WOTC Agent
If you wish to authorize an intermediary, such as an accountancy firm or a management consultant, to act on your behalf in the WOTC certification process, you must provide to the State Workforce Agency (SWA) a notarized Power of Attorney. IRS Form 2848, “Power of Attorney and Declaration of Representative,” may be used for this purpose.

Penalties and Reviews
There are some possible perjury penalties for misrepresentation. The law provides for a fine and/or imprisonment for making false statements or withholding facts. In addition, the State Workforce Agency (SWA) is required to take corrective action, as appropriate, for those employers or employees who misrepresent information on the WOTC forms.
Residents of Empowerment Zones and Rural Renewal Counties

Missouri has a federally designated Empowerment Zone and 10 Rural Renewal Counties (please see list below). An individual must live in one of these areas and meet the age requirements to qualify.

Rural Renewal Counties:
- Atchison
- Carroll
- Chariton
- Clark
- Holt
- Knox
- Mississippi
- New Madrid
- Pemiscot
- Worth

Missouri Work Opportunity Tax Credit Program
Pre-Screening Notice and Certification Request for the Work Opportunity Credit

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

Your name __________________________________________ Social security number ► __________

Street address where you live __________________________________________

City or town, state, and ZIP code __________________________________________

County __________________________ Telephone number __________________________

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

1 □ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

2 □ 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

3 □ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4 □ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5 □ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6 □ 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.

7 □ Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

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 ► __________ Date __________

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

Missouri Work Opportunity Tax Credit Program

Cat. No. 22851L Form 8850 (Rev. 3-2016)
For Employer’s Use Only

Employer’s name ___________________________ Telephone no. ___________________________ EIN ▶ ___________________________

Street address ______________________________________________________

City or town, state, and ZIP code _________________________________________

Person to contact, if different from above ___________________________ Telephone no. ___________________________

Street address ______________________________________________________

City or town, state, and ZIP code _________________________________________

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) . . . . . . . . . . . . . . ▶ ________

Date applicant:

Gave information ____________ Was offered job ____________ Was hired ____________ Started job ____________

Under penalties of perjury, I declare that the applicant provided the information on 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’s signature ▶ ___________________________ Title ___________________________ Date ___________________________

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

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 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 . . . 6 hr., 27 min.

Learning about the law or the form . . . . . . . 24 min.

Preparing and sending this form to the SWA . . . . . . . 31 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 send us comments from www.irs.gov/formspubs. Click on “More Information” and then on “Give us feedback.” Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where To File in the separate instructions.
Instructions for Form 8850
(Rev. March 2016)

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

General Instructions
Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments
For the latest information about developments related to Form 8850 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/form8850.

What’s New
The Protecting Americans from Tax Hikes Act of 2015 made the following changes.
• The work opportunity credit has been extended to cover certain individuals who began working for you after December 31, 2014, and before January 1, 2020. For information about transitional relief, see Who Should Complete and Sign the Form and When and Where To File.
• Empowerment zone designations have been extended to cover 2015 and 2016. For details, see Empowerment Zones.
• A new targeted group has been added for qualified long-term unemployment recipients who begin work after 2015. For details, see Members of Targeted Groups.

Purpose of Form
Employers use Form 8850 to pre-screen and to make a written request to the state workforce agency (SWA) of the state in which their business is located (where the employee works) to certify an individual as a member of a targeted group for purposes of qualifying for the work opportunity credit.

Submitting Form 8850 to the SWA is but one step in the process of qualifying for the work opportunity credit. The state work opportunity tax credit (WOTC) coordinator for the SWA must certify the job applicant is a member of a targeted group. After starting work, the employer must meet the minimum number-of-hours-worked requirement for the work opportunity credit. Generally, an employer elects to take the credit by filing Form 5884, Work Opportunity Credit. However, a tax-exempt organization that hires a qualified veteran should report the work opportunity credit on Form 5884-C, Work Opportunity Credit for Qualified Tax-Exempt Organizations Hiring Qualified Veterans.

You must receive the certification from the SWA before you can claim the related credit on Form 5884 or Form 5884-C.

Who Should Complete and Sign the Form
If the job applicant will begin working for the employer after May 31, 2016, the job applicant gives information to the employer on or before the day a job offer is made. This information is entered on Form 8850. If the employer believes the applicant is a member of a targeted group (as defined under Members of Targeted Groups), the employer completes the rest of the form no later than the day the job offer is made. Both the job applicant and the employer must sign Form 8850 no later than the date for submitting the form to the SWA.

If the job applicant began working for the employer on or after January 1, 2015, and on or before May 31, 2016, Form 8850 can be completed and signed as described above at any time as long as it is completed, signed, and submitted to the SWA by June 29, 2016.

Instructions for Employer

When and Where To File
Do not file Form 8850 with the Internal Revenue Service. Instead, you must generally submit it to the SWA of the state in which your business is located (where the employee works) no later than the 28th calendar day after the date the member of a targeted group begins working for you. However, for members of targeted groups who began working for you on or after January 1, 2015 (January 1, 2016, for qualified long-term unemployment recipients), and on or before May 31, 2016, you have until June 29, 2016, to submit Form 8850 to the SWA.

Although facsimile filing of Form 8850 is permitted, not all states are equipped to accept a faxed copy of Form 8850. Contact your state WOTC coordinator as discussed below and see Notice 2012-13 for details. Notice 2012-13, 2012-9 I.R.B. 421, is available at www.irs.gov/irb/2012-09_IRB/ar07.html.

Although electronic filing of Form 8850 is permitted, not all states are equipped to receive Form 8850 electronically. Contact your state WOTC coordinator as discussed next and see Announcement 2002-44 and Notice 2012-13 for details. You can find Announcemnt 2002-44 on page 809 of Internal Revenue Bulletin 2002-17 at www.irs.gov/pub/irs-irbs/irb02-17.pdf.

To get the name, address, phone and fax numbers, and email address of the WOTC coordinator for your state, visit the Department of Labor Employment and Training Administration (ETA) website at www.doleta.gov/business/Incentives/opptax.

Never attach Form 8850 to a tax return or otherwise send it to the IRS, regardless of the employee’s targeted group. Form 8850 must be submitted to the SWA of the state in which your business is located (where the employee works).

Additional Requirements for Certification
In addition to filing Form 8850, you must complete and send to your state WOTC coordinator either:
• ETA Form 9062, Conditional Certification Form, if the job applicant received this form from a participating agency (for example, the Jobs Corps); or
• ETA Form 9061, Individual Characteristics Form, if the job applicant did not receive a conditional certification. Additional
The type and rule above prints on all proofs including departmental reproduction proofs. MUST be removed before printing.

Members of Targeted Groups

A job applicant may be certified as a member of a targeted group if he or she is described in one of the following groups.

1. **Qualified IV-A recipient.** An individual who is a member of a family receiving assistance under a state plan approved under part A of title IV of the Social Security Act relating to Temporary Assistance for Needy Families (TANF). The assistance must be received for any 9 months during the 18-month period ending on the hiring date.

2. **Qualified veteran.** A veteran who is any of the following.
   - A member of a family that has received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the 15-month period ending on the hiring date.
   - Unemployed for a period or periods totaling at least 4 weeks (whether or not consecutive) but less than 6 months in the 1-year period ending on the hiring date.
   - Unemployed for a period or periods totaling at least 6 months (whether or not consecutive) in the 1-year period ending on the hiring date.
   - Entitled to compensation for a service-connected disability and is hired not more than 1 year after being discharged or released from active duty in the U.S. Armed Forces.
   - Entitled to compensation for a service-connected disability and was unemployed for a period or periods totaling at least 6 months (whether or not consecutive) in the 1-year period ending on the hiring date.

3. **Qualified ex-felon.** An ex-felon who has been convicted of a felony under any federal or state law, and is hired not more than 1 year after the conviction or release from prison for that felony.

4. **Designated community resident.** An individual who is at least age 18 but not yet age 40 on the hiring date and lives within an empowerment zone or rural renewal county (defined later).

5. **Vocational rehabilitation referral.** An individual who has a physical or mental disability resulting in a substantial handicap to employment and who was referred to the employer upon completion of (or while receiving) rehabilitation services by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.

6. **Summer youth employee.** An individual who:
   - Performs services for the employer between May 1 and September 15;
   - Is at least age 16 but not yet age 18 on the hiring date (or if later, on May 1);
   - Has never worked for the employer before; and
   - Lives within an empowerment zone.

7. **Recipient of SNAP benefits (food stamps).** An individual who:
   - Is at least age 18 but not yet age 40 on the hiring date, and
   - Is a member of a family that:
     a. Has received SNAP benefits for the 6-month period ending on the hiring date; or
     b. Is no longer eligible for such assistance under section 6(o) of the Food Stamp Act of 1977, but the family received SNAP benefits for at least 3 months of the 5-month period ending on the hiring date.

8. **SSI recipient.** An individual who is receiving supplemental security income benefits under title XVI of the Social Security Act (including benefits of the type described in section 1616 of the Social Security Act or section 212 of Public Law 93-66) for any month ending during the 60-day period ending on the hiring date.

9. **Long-term family assistance recipient.** An individual who is a member of a family that:
   - Has received TANF payments for at least 18 consecutive months ending on the hiring date; or
   - Receives TANF payments for any 18 months (whether or not consecutive) 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 because federal or state law limits the maximum period such assistance is payable and the individual is hired not more than 2 years after such eligibility ended.

10. **Qualified long-term unemployment recipient.** An individual hired after 2015 who on the day before the individual begins work for the employer, or, if earlier, the day the individual completes Form 8850 as a prescreening notice, is in a period of unemployment that:
    - Is not less than 27 consecutive weeks, and
    - Includes a period (which may be less than 27 consecutive weeks) in which the individual received unemployment compensation under state or federal law.

Member of a Family

With respect to the qualified IV-A recipient, qualified veteran, recipient of SNAP benefits (food stamps), and long-term family assistance recipient, an individual whose family receives assistance for the requisite period meets the family
assistance requirement of the applicable group if the individual is included on the grant (and thus receives assistance) for some portion of the specified period.

Empowerment Zones

The following paragraphs describe areas that were designated empowerment zones. For the latest information about empowerment zone designations, go to www.irs.gov/form8850.

**Urban areas.** Parts of the following urban areas were designated empowerment zones. You can find out if your business or an employee’s residence is located within an urban empowerment zone by using the EZ/RC Address Locator at www.hud.gov/crlocator.

- Baltimore, MD
- Boston, MA
- Chicago, IL
- Cincinnati, OH
- Cleveland, OH
- Columbia/Sumter, SC
- Columbus, OH
- Cumberland County, NJ
- Detroit, MI
- El Paso, TX
- Fresno, CA
- Gary/ Hammond/East Chicago, IN
- Huntington, WV/Ironton, OH
- Jacksonville, FL
- Knoxville, TN
- Los Angeles, CA (city and county)
- Miami/Dade County, FL
- Minneapolis, MN
- New Haven, CT
- New York, NY
- Norfolk/ Portsmouth, VA
- Oklahoma City, OK
- Philadelphia, PA/Camden, NJ
- Pulaski County, AR
- San Antonio, TX
- Santa Ana, CA
- St. Louis, MO/East St. Louis, IL
- Syracuse, NY
- Tucson, AZ
- Yonkers, NY

**Rural areas.** Parts of the following rural areas were designated empowerment zones. You can find out if your business or an employee’s residence is located within a rural empowerment zone by using the EZ/RC Address Locator at www.hud.gov/crlocator.

- Aroostook County, ME (part of Aroostook County)
- Desert Communities, CA (part of Riverside County)
- Griggs-Steele, ND (part of Griggs County and all of Steele County)
- Kentucky Highlands, KY (part of Wayne County and all of Clinton and Jackson Counties)
- Mid-Delta, MS (parts of Bolivar, Holmes, Humphreys, LeFlore, Sunflower, and Washington Counties)
- Middle Rio Grande FUTURO Communities, TX (parts of Dimmit, Maverick, Uvalde, and Zavala Counties)
- Ogala Sioux Tribe, SD (parts of Jackson and Bennett Counties and all of Shannon County)
- Rio Grande Valley, TX (parts of Cameron, Hidalgo, Starr, and Willacy Counties)
- Southernmost Illinois Delta, IL (parts of Alexander and Johnson Counties and all of Pulaski County)
- Southwest Georgia United, GA (part of Crisp County and all of Dooly County)

**Rural Renewal Counties**

A rural renewal county is a county in a rural area that lost population during the 5-year periods 1990 through 1994 and 1995 through 1999. Rural renewal counties are listed below.

**Alabama.** The counties of Butler, Dallas, Macon, Perry, Sumter, and Wilcox.

**Alaska.** The census areas of Aleutians West, Wrangell- Petersburg, and Yukon-Koyukuk.

**Arkansas.** The counties of Arkansas, Chicot, Clay, Desha, Jackson, Lafayette, Lee, Little River, Monroe, Nevada, Ouachita, Phillips, Union, and Woodruff.

**Colorado.** The counties of Cheyenne, Kiowa, and San Juan.

**Georgia.** The counties of Randolph and Stewart.


**Indiana.** Perry County.


**Kentucky.** The counties of Bell, Caldwell, Floyd, Harlan, Hickman, Leslie, Letcher, Pike, and Union.

**Louisiana.** The parishes of Bienville, Claiborne, Franklin, Jackson, Morehouse, St. Mary, Tensas, Vernon, and Webster.

**Maine.** The counties of Aroostook and Piscataquis.

**Michigan.** The counties of Gogebic, Marquette, and Ontonagon.

**Minnesota.** The counties of Big Stone, Chippewa, Cottonwood, Faribault, Jackson, Kittson, Koochiching, Lac Qui Parle, Lincoln, Marshall, Martin, Murray, Norman, Pipestone, Red Lake, Redwood, Renville, Stevens, Traverse, Wilkin, and Yellow Medicine.

**Mississippi.** The counties of Adams, Coahoma, Humphreys, Montgomery, Quitman, Sharkey, Tallahatchie, and Washington.

**Missouri.** The counties of Atchison, Carroll, Chariton, Clark, Holt, Knox, Missouri, New Madrid, Pendleton, and Worth.

**Montana.** The counties of Carter, Daniels, Dawson, Deer Lodge, Fallon, Garfield, Hill, Liberty, McCone, Petroleum,

**Nebraska.** The counties of Antelope, Banner, Boone, Box Butte, Boyd, Burt, Cedar, Chase, Deuel, Dundy, Fillmore, Franklin, Garden, Garfield, Greeley, Hayes, Hitchcock, Holt, Jefferson, Johnson, Logan, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Red Willow, Richardson, Rock, Sheridan, Sherman, Thayer, Thomas, Valley, Webster, and Wheeler.

**Nebraska.** The counties of Antelope, Banner, Boone, Box Butte, Boyd, Burt, Cedar, Chase, Deuel, Dundy, Fillmore, Franklin, Garden, Garfield, Greeley, Hayes, Hitchcock, Holt, Jefferson, Johnson, Logan, Nance, Nemaha, Nuckolls, Pawnee, Perkins, Red Willow, Richardson, Rock, Sheridan, Sherman, Thayer, Thomas, Valley, Webster, and Wheeler.

**Nevada.** The counties of Esmeralda, Lander, and Mineral.

**New Hampshire.** Coos County.

**New Mexico.** The counties of Harding and Quay.

**New York.** The counties of Clinton and Montgomery.

**North Dakota.** The counties of Adams, Barnes, Benson, Billings, Bottineau, Burke, Cavalier, Dickey, Divide, Dunn, Eddy, Emmons, Foster, Golden Valley, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McHenry, McIntosh, McKenzie, McLean, Mercer, Mountrail, Nelson, Oliver, Pembina, Pierce, Ramsey, Ransom, Renville, Sargent, Sheridan, Slope, Stark, Steele, Stutsman, Towner, Traill, Walsh, Wells, and Williams.

**Ohio.** The counties of Crawford, Monroe, Paulding, Seneca, and Van Wert.

**Oklahoma.** The counties of Alfalfa, Beaver, Cimarron, Dewey, Ellis, Grant, Greer, Harmon, Harper, Kiowa, Major, Roger Mills, Seminole, Tillman, and Woodward.

**Pennsylvania.** The counties of Venango and Warren.

**South Carolina.** Marlboro County.

**South Dakota.** The counties of Aurora, Campbell, Clark, Day, Deuel, Douglas, Faulk, Grant, Gregory, Haakon, Hand, Harding, Hutchinson, Jones, Kingsbury, Marshall, McPherson, Miner, Perkins, Potter, Sanborn, Spink, Tripp, and Walworth.


**Virginia.** The counties of Buchanan, Dickenson, Highland, and Lee, and the independent cities of Clifton Forge, Covington, Norton, and Staunton.

**West Virginia.** The counties of Calhoun, Gilmer, Logan, McDowell, Mercer, Mingo, Summers, Tucker, Webster, Wetzel, and Wyoming.

**West Virginia.** The counties of Carbon and Niobrara.

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**Sample IRS 5884 (with instructions)**

**Work Opportunity Tax Credit**

You must use the correct IRS Form 5884 for the current tax year. (For example, filing in calendar year 2013, you must use the form for tax year 2012.) This form is available online from the IRS at [http://www.irs.gov/formspubs/](http://www.irs.gov/formspubs/)

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**Sample IRS 5884-C (with instructions)**

**Work Opportunity Tax Credit for Qualified Tax-Exempt Organizations Hiring Qualified Veterans**

This is a WOTC form revised in January 2013. You must use the correct IRS Form 5884-C for the current tax year. (For example, filing in calendar year 2013, you must use the form for tax year 2012.) This form is available online from the IRS at [http://www.irs.gov/formspubs/](http://www.irs.gov/formspubs/)
1. Control No. (For Agency use only)  

**APPLICANT INFORMATION**  
(See instructions on reverse)

2. Date Received (For Agency Use only)

**EMPLOYER INFORMATION**

3. Employer Name  
4. Employer Address and Telephone  
5. Employer Federal ID Number (EIN)

**APPLICANT INFORMATION**

6. Applicant Name (Last, First, MI)  
7. Social Security Number  
8. Have you worked for this employer before?  
   Yes ____  No ____  
   **If YES,** enter last date of employment: ____________

**APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION**

9. Employment Start Date  
10. Starting Wage  
11. Position

12. Are you at least age 16, but under age 40?  
   Yes ___  No ___  
   **If YES,** enter your date of birth ________________

13. Are you a Veteran of the U.S. Armed Forces?  
   Yes ___  No ___  
   **If NO,** go to Box 14.  
   **If YES,** are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (Food Stamps) for at least 3 months during the 15 months before you were hired?  
   Yes ___  No ___  
   **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 ___  No ___  
   **If YES,** were you discharged or released from active duty within a year before you were hired?  
   Yes ___  No ___  
   **OR,** were you unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?  
   Yes ___  No ___

14. Are you a member of a family that received Supplemental Nutrition Assistance Program (SNAP) (formerly Food Stamps) benefits for the 6 months before you were hired?  
   Yes ___  No ___  
   **OR,** received SNAP benefits for at least a 3-month period within the last 5 months  
   **But you are no longer receiving them?**  
   Yes ___  No ___  
   **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?  
   Yes ___  No ___  
   **OR,** by an Employment Network under the Ticket to Work Program?  
   Yes ___  No ___  
   **OR,** by the Department of Veterans Affairs?  
   Yes ___  No ___

16. Are you a member of a family that received TANF assistance for at least the last 18 months
before you were hired?  

**Yes**  **No**

**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?  

**Yes**  **No**

**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?  

**Yes**  **No**

**If NO,** are you a member of a family that received TANF assistance for any 9 months during the 18-month period before you were hired?  

**Yes**  **No**

**If YES, to any question,** enter name of primary recipient __________________________ and the 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?  

**Yes**  **No**

**If YES,** enter date of conviction ______________ and date of release ______________.  

Was this a Federal _____ or a State conviction _____?  (Check one)

18. Do you live in an Empowerment Zone or Rural Renewal County (RRC)?  

**Yes**  **No**

19. Do you live in an Empowerment Zone and are at least age 16, but not yet 18, on your hiring date?  

**Yes**  **No**

20. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?  

**Yes**  **No**

21. Are you a veteran unemployed for a combined period of at least 6 months (whether or not consecutive) during the year before you were hired?  

**Yes**  **No**

22. Are you a veteran unemployed for a combined period of at least 4 weeks but less than 6 months (whether or not consecutive) during the year before you were hired?  

**Yes**  **No**

23. Are you an individual who is or was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation?  

**Yes**  **No**

**If YES,** what state did you receive unemployment compensation in? __________________________  

(Enter state where UI compensation was received)

24. **Sources used to document eligibility:**  

**Employers/Consultants:** List all documentation provided or forthcoming.  

**For SWA Staff:** List all documentation used in determining target group eligibility and enter your initials and date when the determination was made.

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.

25(a). **Signature:** (See instructions in Box 25(b) for who signs this signature block)  

25(b). **Indicate with a ✓ mark who signed this form:**  

☐ Employer, ☐ Consultant, ☐ SWA, ☐ Participating Agency, ☐ Applicant, or ☐ Parent/Guardian (if applicant is a minor)  

26. **Date:**
INSTRUCTIONS FOR COMPLETING THE INDIVIDUAL CHARACTERISTICS FORM (ICF), ETA 9061. This form is used together with IRS Form 8850 to help state workforce agencies (SWAs) determine eligibility for the Work Opportunity Tax Credit (WOTC) Program. The form may be completed, on behalf of the applicant, by: 1) the employer or employer representative, the SWA, a participating agency, or 2) the applicant directly (if a minor, the parent or guardian must sign the form) and signed (Box 25a.) by the individual completing the form. This form is required to be used, without modification, by all employers (or their representatives) seeking WOTC certification.

Boxes 1 and 2. SWA. For agency use only.

Boxes 3-5. Employer Information. Enter the name, address including ZIP code, telephone number, and employer Federal ID number (EIN) of the employer requesting the certification for the WOTC. Do not enter information pertaining to the employer’s representative, if any.

Boxes 6-11. Applicant Information. Enter the applicant’s name and social security number as they appear on the applicant’s social security card. In Box 8, indicate whether the applicant previously worked for the employer, and if Yes, enter the last date or approximate last date of employment. This information will help the “48-hour” reviewer to, early in the verification process, eliminate requests for former employees and to issue denials to these type of requests, or certifications in the case of “qualifying rehires” during valid “breaks in employment” (see pages III-12 and III-13, Nov. 2002, Third Ed., ETA Handbook 408) during the first year of employment.

Boxes 12-23. Applicant Characteristics. Read questions carefully, answer each question, and provide additional information where requested.

The Protecting Americans from Tax Hikes Act of 2015 retroactively reauthorized current target groups for a 5-year period, January 1, 2015 through December 31, 2019, and extended the Empowerment Zones designations for a two-year period, January 1, 2015 through December 31, 2016. The Act introduced a new target group, Qualified Long-term Unemployment Recipient (LTUR), for new hires that began to work for an employer on or after January 1, 2016. See Box 23. For guidance see IRS Relief Period in TEGL No. TEGL 25-15 and IRS Notice 2016-22 and 2016-40.

Box 24 Sources to Document Eligibility. The applicant or employer is requested to provide documentary evidence to substantiate the YES answers in Boxes 12 - 23. List or describe the documentary evidence that is attached to the ICF or that will be provided to the SWA. Indicate in parentheses next to each document listed whether it is attached (A) or forthcoming (F). Some examples of acceptable documentation are provided below. A letter from the agency that administers a program may be furnished specifically addressing the question to which the applicant answered YES. For example, if an applicant answers YES to either question in Box 14 and enters the name of the primary recipient and the city and state in which the benefits were received, the applicant could provide a letter from the appropriate SNAP (formerly Food Stamp) agency stating to whom SNAP benefits were paid, the months for which they were paid, and the names of the individuals included on the grant for each month. SWAs use this box to list the sources used to verify target group eligibility, followed with their initials and the date the determination was completed.

Description of Examples of Documentary Evidence and Collateral Contacts. Employers/Consultants: You may check with your SWA to find out what other sources you can use to prove target group eligibility. (You are encouraged to provide copies of documentation or names of collateral contacts for each question for which you answered YES.)

QUESTION 12

- Birth Certificate or Copy of Hospital Record
- Driver’s License
- School I.D. Card
- Work Permit
- Federal/State/Local Gov’t I.D.

QUESTION 13

- DD-214 or Discharge Papers
- Reserve Unit Contacts
- Letter of Separation or other agency documents issued only by the Department of Veterans Affairs (DVA) on DVA Letterhead certifying the Veteran has a service-connected disability and signed by the individual who verified this information.

QUESTIONS 14 & 16

- TANF/SNAP (Food Stamp) Benefit History or Case Number Identifier
- Signed statement from Authorized Individual with a specific description of the months benefits that were received

QUESTION 15

- Vocational Rehabilitation Agency Contact
- Veterans Administration for Disabled Veterans
- Signed letter of separation or related document from authorized Individual on DVA letter head or agency stamp with specific description of months benefits were received.
- For SWAs: To determine Ticket Holder (TH) eligibility, Fax page 1 of Form 8850 to MAXIMUS at: 703-683-1051 to verify if applicant: 1) is a TH, and 2) has an Individual Work Plan from an Employment Network.
QUESTION 17

- Parole Officer’s Name or Statement
- Correction Institution Records
- Court Records Extracts

QUESTION 18 & 19

- To determine if a Designated Community Resident lives in a RRC, visit the site: www.usps.com. Click on Find Zip Code: Enter & Submit Address/Zip Code: Click on Mailing Industry Information: Download and Print the Information, then compare the county of the address to the list in the January 2012 Instructions to IRS 8850.
- To determine if the DCR or a Summer Youth lives in an Empowerment Zone, use the Empowerment Zones (EZ) Locator Address Lookup tool available on the WOTC site: https://www.doleta.gov/business/incentives/opptax/wotecResources.cfm.

QUESTION 20

- SSI Record or Authorization
- SSI Contact
- Evidence of SSI Benefits

QUESTIONS 21, 22

- Unemployment Insurance (UI) Claims Records
- UI Wage Records

QUESTION 23

- UI Wage Records
- UI Claims Records
- Self-Attestation Form, ETA Form 9175

QUESTION 24

- Employers/Representatives: List All sources used and provided to the SWA to document target group eligibility. SWA Staff: List all documentation used to determine/verify eligibility in the target group requested by the employer/rep., to reach the final determination.

Notes:

1. Where a Federal/State/Local Gov’t., School I.D. Card, or Work Permit does not contain age or birth date, another valid document must be obtained to verify an individual’s age.
2. ESPL No. 05-98, dated 3/18/98, officially rescinded the authority to use Form I-9 as proof of age and residence. Therefore, the I-9 is no longer a valid piece of documentary evidence.

Box 25.(a) Signature. The person who completes the form signs the signature block.

Box 25(b) Signature Options. (a) Employer or Authorized Representative, (b) SWA staff, (c) Participating Agency staff, or (d) Applicant (If applicant is a minor, the parent or guardian must sign).

Box 26. Date. Enter the month, day and year when the form was completed.

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 questions is required to obtain and retain benefits per law 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response including the time for reading instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing burden to the U.S. Department of Labor, Employment and Training Administration, Division of National Programs, Tools, and Technical Assistance, 200 Constitution Ave., NW, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project Control No. 1205-0371).
TO: THE JOB APPLICANT OR EMPLOYEE,

Privacy Act Statement: The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary. However, the information is required for your employer to receive the federal tax credit. IF THE INFORMATION YOU PROVIDE IS ABOUT A MEMBER OF YOUR FAMILY, YOU SHOULD PROVIDE HIM/HER A COPY OF THIS NOTICE.
SAVE TIME, APPLY ONLINE!
LEARN MORE AT JOBS.MO.GOV/WOTC
OR MAIL THE ENCLOSED FORM TO:

Attention WOTC
Division Of Workforce Development
P.O. Box 1087
Jefferson City, Mo 65102-1087

(800) 877-8698 • wotec@ded.mo.gov