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

U.S. Department of Labor

Employment and Training Administration

OMB Approval No. 1205-0371
Expiration Date: 06/30/2001

	1. INITIATING AGENCY CODE (For Agency Use Only) CODE: _____ _____ Participating Agency _____ SESA	2. CONTROL NO. (For Agency Use Only) CONTROL NO. _____ ____ Participating Agency ____ SESA
	3. TYPE OF CONDITIONAL CERT. ("✓" One) a. ☐ Original b. ☐ Revalidation	4. DATE COMPLETED (Mo., Day, Yr.)
5. State Employment Security Agency's Name and Address	6. SIGNATURE (Authorized Official)	7. TELEPHONE NO.

PART 1. INTRODUCTION

8. NAME OF INDIVIDUAL (Last, First, Middle)		9. SOCIAL SECURITY NO.
10. ADDRESS (Number, Street, City, State, Zip Code)	11. TARGET GROUP CODE ("✓" One) ☐ Summer Youth (SY) Enter Code if not SY: _____	12. GROUP (WtW) ☐ Long-Term Fam. Assistance Recipient Enter Code: _____

13. APPLICANT'S SIGNATURE:

NOTE TO EMPLOYER:

14. The above named individual may be eligible for certification under the Work Opportunity Tax Credit (WOTC) program, and/or the Welfare-to-Work Tax Credit as authorized under the IRS Code, Sec. 51 or 51A. **If the person is not employed before (Mo., Day, Yr.). this form may not be used.**

If you hire this person, you should request the certification necessary for you to claim a Work Opportunity Tax Credit or the Welfare-to-Work Tax Credit. Complete and sign the **Employer Declaration** below, mail to the **Designated Local Agency** together with the **PSN, IRS Form 8850,** not later than the 21st. day after the applicant starts work, and the **Employer WOTC/WtW Certification Form** will be returned to you, if all statutory requirements have been met.

PART II. EMPLOYER DECLARATION

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

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

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

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

ETA-9062 (Rev. Jan. 1998)

CONDITIONAL CERTIFICATION FORM (CCF) ETA 9062. When a SESA or Participating Agency has determined that a job-ready applicant is, tentatively ELIGIBLE, as member of a target group, for the WOTC program or WtW tax credit, it shall use the following **required form, without modification,** to show that an eligibility determination was made for the person named on this form.

NOTE: The Conditional Certification (CC) serves as **an official record** of the determination, alerts prospective employers to the availability of the tax credits if this person is hired, and provides a means for the employer to request a WOTC or WtW Certification for this person.

INSTRUCTIONS FOR COMPLETING THE "Conditional Certification" FORM. (Boxes 1 - 12 are for Participating Agency and SESA use only)

Box 1: **Initiating Agency Code.** If the CC was established by the participating agency, enter its code. SESAs assign codes to designate each participating agency to indicate the **initiating source** for the eligibility determination process. If the eligibility determination was performed by the SESA, enter the SESA code, if available. Indicate with a check mark " ✓ if **initiating agency** is a Participating Agency or SESA.

Box 2: **Control Number.** In most cases, the participating agency determines the control no. However, SESAs may -for internal control purposes- develop their own control number system. It may be a Social Security number or case number, or some other appropriate designation, which permits easy filing, identification and retrieval of forms. Enter corresponding Control Number and indicate with a check mark "✓" whether the source is a Participating Agency or SESA.

Box 3: **Type of Conditional Certification.** This system distinguishes between **"Original,"** if the individual is being processed for the first time, or **"Revalidation,"** if the eligibility process was performed within the previous 12-month period, 45 days for the Ex-Felon and Summer Youth target groups only. Otherwise, the Conditional Certification is counted as "Original." Indicate with a check mark "✓" whether eligibility determination is "Original" or "Revalidation."

Box 4: **Date Completed.** Enter the month, day, year in which the eligibility determination was completed.

Box 5: **SESA Name and Address (if known), responsible for processing Certification requests for the employer indicated in Box 15). LEAVE BLANK IF SESA NAME AND ADDRESS IS NOT KNOWN.** Otherwise, enter or stamp complete address, including zip code and telephone.

Box 6: **Signature.** Enter signature of the authorized conditionally-certifying official.

Box 7: **Telephone No.** Enter corresponding SESA or partcipating agency area code, telephone number and extension, if available.

Part I. **INTRODUCTION:**

Box 8: **Name of Individual.** Enter the individual's/applicant's full name (i.e., last name, first name and middle initial).

Box 9: **Social Security Number.** Enter the individual's/applicant's social security number.

Box 10: **Address.** Enter the individual's/applicant's home address, including apartment number, zip code and telephone number.

Box 11: **Target Group Code.** Under the WOTC, enter a check mark "✓" to indicate if Summer Youth (SY) or Other, and enter code for specific target group if different from SY, based on clients information and initial documentation provided.

Box 12: **Target Group.** Under the WtW Tax Credit, enter a check mark "✓" to indicate Conditional Certification for: Long-Term Family Assistance group. Enter code for this specific group based on client's information and initial documentation provided.

Box 13: **Signature.** Get individual's/applicant's signature. If a minor (under 18), parent or guardian must sign here.

Box 14. **CC Validity Period (This box is to be completed by the SESA or Participating Agency only).** Enter the month, day, year when the CC expires (e.g., 45 days for Ex-Felons and Summer Youth, and longer periods as appropriate for the five other target groups).

Part II. **EMPLOYER DECLARATION:**

Box 15: **Name of Firm.** Enter full name of the employing firm (the firm where the employee will actually work).

Box 16: **Position/Job Title.** Enter the position or job title in which the employee will be performing.

Box 17: **Employment Start Date:** Enter the date on which the employee has begun or will begin work for the employing firm.

Box 18: **Starting Wage:** Enter the wage or salary which the employee will be paid.

Box 20: **Date.** Enter month, day and year in which Part II. Employer Declaration was completed and signed.

Persons are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. Respondents' obligation to reply to these requirements are mandatory as required by P.L. 104-188. Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, U.S. Employment Service, Room N-4470, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).