STATE OF CALIFORNIA

Enterprise Zone Hiring Tax Credit

Voucher Application

____-____-____
Voucher Code

Instructions: Employers must use this form to obtain the voucher required by the State of California to claim the hiring credit available under the Enterprise Zone Program. To apply for the voucher, complete Sections I, II, and III below, and submit the form and the required documentation to the enterprise zone that corresponds to the location of the business.

I. Employee Information

Name_____ Social Security Number (Last 4 Digits): XXX-XX-_ _ _ _

Home Address_____

City/State/Zip_____ Phone Number _____

Job Title_____Starting Hourly Wage_____

Date of Hire _____ Date of Termination (if applicable)_____

The employee's position represents (check only one of the following): ☐ a New Position or ☐ a Previously-Existing Position

II. Employer Information and Declaration

Employer Name_____ Fed Tax ID Number _____

Address (within Zone)_____

Business Address (If different from Zone Address)_____

_____

Contact Name_____

Phone Number _____ Contact Email Address _____

Declaration:
By submitting this voucher application, the employer declares that (1) the company is engaged in a trade or business within the enterprise zone, and, where applicable, (2) the company provided priority for employment to an individual who is enrolled in a qualified program under the federal Job Training Partnership Act or the Greater Avenues for Independence Act of 1985 or who is eligible as a member of a targeted group under the Work Opportunity Tax Credit, or its successor.

III. Eligibility Category

Among other requirements, a Qualified Employee must meet one of the eligibility categories defined in either Sections 17053.74 or 23622.7 of the Revenue and Taxation Code and provide the documentation described in Section 8466 of the California Code of Regulations. From the following list, check (√) the eligibility category (A-K) under which the employee qualifies:

A._____ **California Work Opportunity and Responsibility to Kids (CalWORKS)**
B._____ **Workforce Investment Act (WIA)** (enrolled/eligible for WIA Intensive Services or Core B)
C._____ **Work Opportunity Tax Credit (WOTC) or successor program**
D._____ **Economically disadvantaged individual 14 years of age or older** *(Must attach the Income Verification Worksheet)*
E._____ **Dislocated worker under one of the following categories: (Check all that apply)**

1.__ Terminated, laid off, received notice of termination or layoff, and eligible for or has exhausted unemployment benefits, and is unlikely to return to his or her previous industry or occupation
2.__ Plant, facility, or enterprise closure (Plant/Company Name_____)
3.__ Long-term unemployed and has limited opportunities for employment or reemployment
4.__ Formerly self-employed but now unemployed due to general economic conditions
5.__ Former Department of Defense civilian employee at a military installation
6.__ Active member of the armed forces or National Guard as of September 30, 1990
7.__ Seasonal unemployment
8.__ Clean Air Act compliance

F._____ **Disabled individual or service-connected disabled veteran**
G._____ **Vietnam Veteran or veteran recently separated**
H._____ **Ex-offender**
I._____ **Recipient of, or eligible for, Public Assistance (AFDC, SSI, Food Stamps)**
J._____ **Native American, Native Samoan, Native Hawaiian or member of another group of Native American descent**
K._____**Targeted Employment Area (TEA) resident**

STATE OF CALIFORNIA
Enterprise Zone Hiring Tax Credit
Voucher Application

____-____-____
Voucher Code

IV. Enterprise Zone Assessment

Based on the information described in this eligibility application and the attached documentation, the Enterprise Zone takes the following action:

- ❑ Approves the issuance of a Voucher for the Hiring Tax Credit, in accordance with Sections 17053.74 and 23622.7 of the Revenue and Taxation Code, and Sections 8460-8467 of the California Code of Regulations, Title 25, based on the following eligibility category section (e.g., III.A., III.B., etc.) as described in Section III of this application:

  _____
  Section III reference

- ❑ Denies the issuance of a Voucher for the Hiring Tax Credit due to one or more of the following causes:
  - — Employee does not qualify per Sections 17053.74 and 23622.7 of the Revenue and Taxation Code.
  - — Documentation submitted for the eligibility category of _____ is inadequate per Sections 8460-8467 of the California Code of Regulations, Title 25.
  - — Other (Specify)_____

    _____

    _____

    _____

    _____

_____

Name of Reviewer | Title | Date

STATE OF CALIFORNIA

Enterprise Zone Hiring Tax Credit

Income Verification Worksheet

Instructions: Employers must prepare this worksheet for each employee who qualifies under Section III.D. *(Economically disadvantaged individual)* of the Voucher Application and attach it to the application.

Eligibility for this category requires that (1) the employee meet the income limits in Table A, which must be completed by the local Enterprise Zone, and (2) the applicant and/or others provide all of the information and signature(s) requested in Tables B and C below. Complete Section IV only if the employee was self-employed or received no income within the 90 days preceding the employee's date of hire.

I. Employee Information

Name _____ Date of Hire _____

II. Enterprise Zone Data

Enterprise Zone Administrator: The local Enterprise Zone must complete Table A. To do this, staff for the Enterprise Zone should identify (1) the name of the county that is used to determine the income limit, and (2) the income limit for the corresponding family size based on the Department of Housing and Community Development's Official State Income Limits for the very-low income category available on its website at the following address:

(http://www.hcd.ca.gov/hpd/hrc/rep/state/incNote.html)

Because the incomes listed represent the annual limit, the Enterprise Zone should multiply the very-low income figure by 25 percent to approximate the 90-day income limit.

Table A

Income Limits for Economically Disadvantaged

County:						
Family Size	1	2	3	4	5	6
90-Day Income Limit						

III. Family Household Income

Employer: In the following table, list each family member in the employee's household, including the employee, who is at least 14 years of age. For each member, identify (a) the family member's name, (b) the family member's relationship to the employee (e.g., self, parent or guardian, spouse, dependent child or sibling, or other), (c) the form of income verified (e.g., hourly wages, salary, public assistance, unemployment compensation, etc.), and (d) the amount of income earned within the 90 days preceding the employee's date of hire. If no income was earned, state "None."

Table B

Family Household Income

(a)	(b)	(c)	(d)
Family Household Member (Name)	Relationship to Employee	Form(s) of Income Verified	Amount of Income Earned Within Preceding 90 Days ($)
Employee	*Self*		
		Total Family Household Income=	$

STATE OF CALIFORNIA
Enterprise Zone Hiring Tax Credit
Income Verification Worksheet

IV. Employee Certification

Employee: If the employee was self-employed or received no income during the 90 days preceding the date of hire, the employee should sign the following certification:

I certify that I was self-employed or received no income within the 90 days preceding the date of hire.

_____ _____
Employee's Signature Date

V. Summary Information

Employer: Summarize the information from Table B and identify its source. Also, the individual who prepared this worksheet must sign where indicated.

Table C
Required Information for
Economically Disadvantaged Eligibility

Part	Summary of Family Household Income
1.	Family Size (i.e., number of family members in household, including employee):
2.	Family Household Income (within the preceding 90 days):
3.	Date verified employee's income:
4.	Name, address, and telephone number of the income provider or third party that verified the employee's income: Name_____ Address _____ Phone Number_____
5.	Certification of Individual Who Prepared This Table: *I certify that I have reviewed documents or other sources supporting the employee's income cited above and that to the best of my knowledge this information is accurate and complete.* Signature of Employer Representative Title Date