



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)**