

# Jobs for the Unemployed Tax Credit Program Application

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Name of Business Unit Applying

Send to:

Florida Executive Office of the Governor  
Office of Tourism, Trade, and Economic Development  
400 South Monroe Street  
The Capitol, Suite 2001  
Tallahassee, FL 32399-0001  
Phone: (850) 487-2568

FOR OTTED USE ONLY	
Date Received	Date Considered Complete
Project Number	

*Applicant must be a business unit or reporting unit of a business unit that is or will be registered with the State of Florida for unemployment compensation purposes.*

# Jobs for the Unemployed Tax Credit Program Application

**IMPORTANT NOTE:** A business must be approved as a “certified” business with the Governor’s Office of Tourism, Trade, and Economic Development (OTTED) before qualifying to receive this tax credit.

1. Business Information	
<b>A.</b>	<b>Name of Business Unit:</b>
	<b>Mailing Address:</b>
	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____
<b>B.</b>	<b>Primary Business Unit Contact:</b>
	<b>Mailing Address:</b>
	<b>City:</b> _____ <b>State:</b> _____ <b>Zip Code:</b> _____
	<b>Title:</b> _____ <b>Phone number:</b> _____
	<b>Email:</b> _____ <b>Fax Number:</b> _____
<b>C.</b>	<b>Business Unit’s Federal Employer Identification Number:</b>
<b>D.</b>	<b>Business Unit’s Unemployment Compensation Number:</b>
<b>E.</b>	<b>Business Unit’s Corporate Income Tax Registration ID Number:</b>
<b>F.</b>	<b>NAICS Code<sup>1</sup>:</b> _____ <b>Industry description:</b> _____
<b>G.</b>	<b>What is the business unit’s tax year (ex. Jan. 1 through Dec. 31):</b>
<b>H.</b>	<b>Is the business unit minority owned? Yes <input type="checkbox"/> No <input type="checkbox"/></b> <b>If yes, please explain:</b>
<b>I.</b>	<b>Has this business unit or any related entities, applied for and/or been approved for State of Florida incentives in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No</b> <b>If yes, please explain:</b>
<b>J.</b>	<b>Number of employees being claimed in this application.</b>

2. Signatures	
<i>I certify that all employees listed under this application have not been previously employed by this business entity, its parent company, or an affiliated corporation; have not been used to claim other tax refunds and/or credits, and that to the best of my knowledge, the information contained herein is accurate.</i>	
<b>Signature (Authorized Company Officer) REQUIRED</b>	<b>Date</b>
<b>Printed Name and Title of Authorized Officer</b>	
<b>Name of Business Unit</b>	

<sup>1</sup> North American Industry Classification System (NAICS) code may be verified with the Florida Agency for Workforce Innovation (AWI) and with the Florida Department of Revenue (FDOR). Failure of the NAICS code to match as previously reported to AWI and FDOR shall result in denial of the application.

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## 3. Employee Information

- A. Please attach supporting documentation with the following information for each employee being claimed for a tax credit: Name, Social Security Number, Hire Date, Actual Hours Worked and Actual Annual Gross Wages (must exceed 185% of Federal poverty rate).

Example:

Employee Name	Social Security Number	Hire Date (mm/dd/yy)	Actual Hours Worked (for last 12 months)	Actual Annual Gross Wages (for last 12 months)
1. John Smith	xxx-xx-xxx	07/01/10	2073	\$ 21,892.12
2. Jane Doe	xxx-xx-xxx	08/11/10	1968	\$ 24,263.09

## 4. Key Program Information

- Applicants should review [Section 220.1896, Florida Statutes](#) before submitting an application.
- The employee must be hired and begin working after July 1, 2010.
- The certified business unit must retain each employee for a 12 month period with an average of 36 hours worked per week. Proof of employment will be required before tax credit can be awarded.
- Unemployment Tax Credit Program application must contain a sworn affidavit, signed by the employee, attesting to his/her previous unemployment (minimum of 30 consecutive days) for whom the business is seeking the tax credit.
- The employee cannot have been previously employed by the business unit, or its parent or affiliated corporation(s).
- The employee's wages must exceed the wage eligibility levels for Medicaid and other public assistance programs, which is 185% of the Federal poverty rate.
- A business must be certified (approved) to receive tax credits under the Unemployment Tax Credit Program. Following approval, the certification will be transmitted by the Governor's Office of Tourism, Trade and Economic Development (OTTED) to the Florida Department of Revenue. Upon receipt of the certification, the Department of Revenue will enter into a written agreement with the business specifying, at a minimum, the method by which income generated by or arising out of the qualifying project will be determined. This written agreement is in the form of a Technical Assistance Advisement (TAA).
- Unemployment tax credit is limited to \$1,000 for each qualified employee.
- Fraudulent claiming of a credit has a mandatory repayment of the credit with 100% penalty.
- Information you provide to the Office of Tourism, Trade, and Economic Development (OTTED) is voluntary and confidential, but is required to process this application. Florida law requires that public entities provide individuals with a written statement identifying the state or federal law governing the collection, use, or release of social security numbers for each purpose for which the entity collects an individual's social security number. The collection of social security numbers by OTTED is either specifically authorized by law or imperative for the performance of the responsibilities as prescribed by law. The purpose for which social security numbers may be collected and used, are for verification of unemployment and collection of unemployment compensation benefits [Required by Fla. Stat. § 443, 119.071(5)(a)6, and 220.1896]. In accordance with the Federal Deficit Reduction Act, an amendment to the Federal Social Security Act, and 5 U.S.C. 552a(o)(1)(D), information you provide is subject to verification through computer matching programs and information about your wages and claim may be provided to other federal, state and local agencies or their contractors for verification of eligibility under other government programs and for statistical and research purposes.
- Information contained in this application and supporting affidavits shall be held confidential as required under state and federal law.

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## 5. Employee Affidavit (each claimed employee must complete and notarize this form)

I, \_\_\_\_\_, on this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_, swear that I was unemployed from \_\_\_\_\_  
until \_\_\_\_\_. I also swear that to my knowledge, my previous employer,  
\_\_\_\_\_ was not nor has ever been an affiliate or parent company of  
the business unit seeking this tax credit. I also swear that my gross wages for the last 12 months  
from my current employer have been \$\_\_\_\_\_.  
I understand that any fraudulent information that I have provided in this affidavit is considered a  
second degree misdemeanor, and punishable as provided for in sections 775.082 or 775.083 of  
the Florida Statutes.

\_\_\_\_\_  
[Signature of Affiant – With Notary Present]

\_\_\_\_\_  
[Print or Typed Name of Affiant]

\_\_\_\_\_  
[Address of Affiant, line 1]

\_\_\_\_\_  
[Address of Affiant, line 2]

**State of Florida**

**FOR NOTARY PUBLIC USE ONLY**

**County of** \_\_\_\_\_

[Name of County]

Sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_

[Day of month]

[Month]

[Year]

\_\_\_\_\_  
[Name of Affiant Making Statement]

\_\_\_\_\_  
(Signature of Notary Public - State of Florida)

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check One) Personally Known  OR Produced Identification

Type of Identification Produced \_\_\_\_\_