WORK OPPORTUNITY TAX CREDIT (WOTC) INVOICE

Invoice No:

Date:

Tax Year:

EMPLOYER / CLIENT INFORMATION

Company Name:

Address:

EIN:

Contact Person:

SERVICE PROVIDER / VENDOR

Company Name:

Address:

Tax ID / EIN:

Contact Email:

EMPLOYEE NAME	WOTC TARGET GROUP	CERTIFICATION DATE	QUALIFIED HOURS	QUALIFIED WAGES	CALCULATED CREDIT

Total Qualified Hours:

Total Qualified Wages:

Total WOTC Credit:

Employer Certification Statement

I hereby certify that the employees listed above have been certified by the appropriate State Workforce Agency (SWA) as members of a WOTC targeted group under IRS Form 8850 and Form 9061/9062. The hours and wages claimed above are accurate, documented in payroll, and correspond to the eligible certification periods.

Authorized Signature

Date