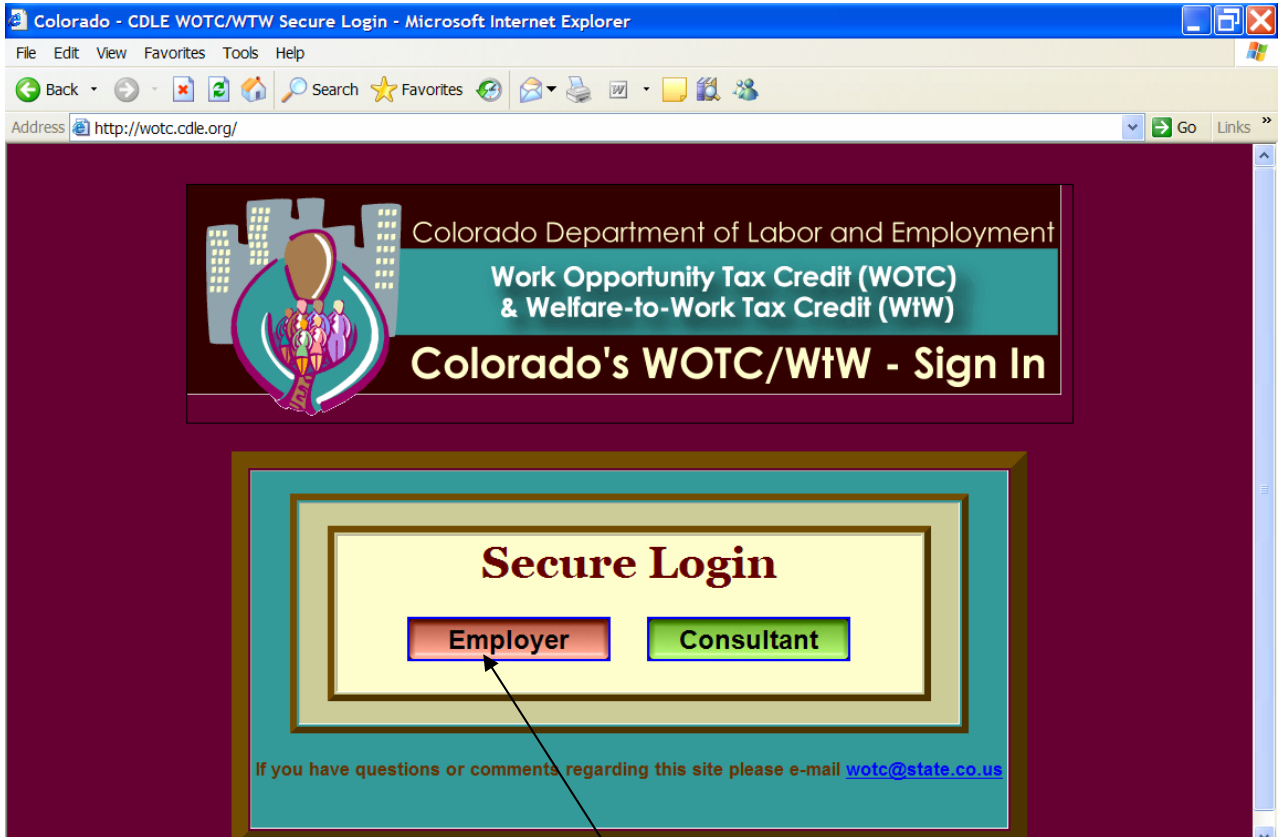


Work Opportunity Tax Credit (WOTC) and Welfare-to-Work Tax Credit (WtW) Automated System User Guide For Employers



Click on the employer button.




This is the employer logon screen. This screen allows returning employers to go back to the information they have provided.

If you are a new employer to this site select the link “Set up New Registration” to complete the registration form.

Returning employers may enter in their FEIN number and password. If you have forgotten your password, select the “Forgot your Password?” link then enter your Control User ID. A system generated password will be sent to the email address the site has on file for you. You will have the option to change the system generated password after logging in.

https://wotc.cdle.org - Colorado - CDLE WOTC/WtW Employer Menu - Microsoft Internet Explorer

File Edit View Favorites Tools Help



WOTC/MW

Colorado Department of Labor and Employment

Employer Menu

Adam's Pizza

Click on the button to the right to select an option below	
View Company Information	<input type="radio"/>
Change Password	<input type="radio"/>
Enter New Application	<input type="radio"/>
View Status of Applications	<input type="radio"/>
Print New Certifications	<input type="radio"/>
Print New Denials	<input type="radio"/>
Log Off & Close Window	<input type="radio"/>

If you have questions/comments about this site please e-mail wotc@state.co.us

The Employer Menu appears upon logging onto the site as the employer. This page allows the employer to:

- **View Company Information.** View company information previously saved within the database. If changes need to be made to the company information, contact the WOTC office at wotc@state.co.us.
- **Change Password.** Change employer password.
- **Enter New Application.** Enter a new employee application under the employer.
- **View Status of Applications.** View the status of any application(s) under the employer by using any or all of the available search mechanisms such as: date range, employee SSN, first and last name. Applications may be viewed by the type: Pending, Certified, Denied or All.
- **Print New Certifications.**
- **Print New Denials.**
- **Log Off & Close Window.**

Entering in an Application

**Colorado's WOTC/WtW Applicant Registration
Form 8850 Part 1**

Please enter the information requested then click the "Continue" button to proceed.

Fields with "*" are required.

The "Reset - Clear this Form" button will erase your entries so you can start over with a blank form.
Mouse click or use the Tab key on the keyboard to move between fields.

Adam's Pizza

Employee Information	
* Social Security Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
* Name - First/Initial/Last:	<input type="text"/> <input type="text"/> <input type="text"/>
* Mailing Address - Street:	<input type="text"/>
* City:	<input type="text"/>
* State:	Colorado <input type="button" value="v"/>
* Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/> - <input type="text"/> - <input type="text"/>
Date of Birth:	<input type="text"/> / <input type="text"/> / <input type="text"/> (Month/DD/YYYY)

Select "Enter New Application" from the main menu to complete the form. A successful submission of the application will produce the following page. You may choose to enter a new application or return to the main menu.

Your Application has been submitted successfully!

222334445

000112222
submitted on 11/29/2006
at 12:47 PM

Colorado Department of Labor and Employment
Attn: WOTC
633 17th St., Suite 700
Denver, CO 80202

wotc@state.co.us
[Print This Page](#)

Please click on one of the following buttons to continue.

Viewing the Status of an Application(s)

The screenshot shows a web interface titled "Status of Application Search" for "Adam's Pizza". The interface is set against a dark red background. At the top, there is a light blue banner with the title. Below it, the company name "Adam's Pizza" is displayed in yellow. The main search area is a light green box with a dark green border. It contains a header "Enter information below to perform a customized search for an application" and four input fields: "Date Range:" with a date picker, "Employee's Social Security Number:" with a hyphenated input, "Last Name of Employee:" with a text box, and "First Name of Employee:" with a text box. Below the search fields is another light green box with a dark green border containing the instruction "Click on one of the buttons below to view a type of application." and four buttons: "Pending" (blue), "Certified" (red), "Denied" (green), and "All" (tan). At the bottom of the search area is a "Back to Menu" button with a right-pointing arrow. At the very bottom of the page, there is a footer text: "If you have questions/comments about this site please e-mail wotc@state.co.us".

From the main menu, select to "View Status of Applications". To perform a customized search, information may be entered in any field. Or, clicking on the Pending, Certified, Denied, or All button will search applications under the specific category.



Application Status List

To view more detail of the status of an individual application click on the status of that application.

Adam's Pizza

Status Colors Legend

In Process: The application is waiting for a fax to be sent to the appropriate agency in search of documentation. The receiving agency controls the quantity we can send per day.

Withdrawn: The application has been withdrawn.

Certified: The application has been certified and is ready to be printed.

Certified: The application has been certified and printed.

Certified: The certification will be available once the WOTC program has been reauthorized.

Certified: The certification will be available once a Power-of-Attorney is provided.

Denied: The application has been denied and is ready to be printed.

Denied: The application has been denied and printed.

Denied: The decision will be available once the WOTC program has been reauthorized.

Last Name	First Name	Social Security Number	Start Date	Status
Test	Pete	000-11-2222	11/22/2006	* Denied *
News	Jan	543-21-0987	10/26/2005	Denied

► Back to Menu

► New Search

Results of the search provide the employee's name, social security number, job start date, and the status of the processed application. Included is a Status Colors Legend. At this time you may go back to the main menu, perform a new search, or by selecting the status of the application, obtain further information.

https://wotc.cdle.org - Colorado - CDLE WOTC/WtW Employer Status of Application - Denial - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Pete Test

SSN: 000-11-2222
Employer: Adam's Pizza
FEIN: 222334445
Start Date: 11/22/2006

Status: Denied

Determination Date: 11/29/2006

Category:	Reason:
Category A	Applicant did not receive any 9 months of TANF benefits within an 18 month period ending on the hire date.
Category G1	Applicant did not receive 6 consecutive months of Food Stamp benefits.
Category G2	Applicant did not receive 3 consecutive months of Food Stamps within 5 months of the hire date.
Category J1	Applicant did not receive 18 <u>consecutive</u> months of TANF benefits.
Category J2	Applicant did not receive <u>any</u> 18 months of TANF benefits with the earliest 18 month period ending within 2 years of hire date.

Click on one of the buttons below to view the submitted form.

The status result page provides the application status, determination date, and the category reasons of the status. Selecting the 8850 Part I and 8850 Part II allows you to view the submitted form. The 9061 button allows employers to view and provide additional information updating the original submission. Selecting the "Print Denial" or if it is a certification, "Print Certification" button will print the decision letter.

https://wotc.cdle.org - 8850 Part 1 Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

View 8850 Part 2 View 9061

Print 8850 - Part 1

Back to Status Back to Menu

Form 8850 (Rev. January 2006) Department of the Treasury Internal Revenue Service	Pre-Screening Notice and Certification Request for the Work Opportunity and Welfare-to-Work Credits See separate instructions.	OMB No. 1545-1500
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Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Pete Test Social security number 000-11-2222

Street address where you live 320 Main Street

City or town, state, and ZIP code Anywhere, CO, 80202

Telephone number 303-333-3333

If you are under age 25, enter your date of birth (month, day, year)

Work Opportunity Credit

1 Check here if you are a Hurricane Katrina employee. Enter the address of your main home on August 28, 2005, and the state and county or parish in which it was located.

2 Check here if you received a conditional certification from the state employment security agency (SESA) or a participating local agency for the work opportunity credit.

3 Check here if **any** of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the last 18 months.
- I am a veteran and a member of a family that received food stamps for at least a 3-month period within the last 15 months.
- I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
- I am at least age 18 but **not** age 25 or older and I am a member of a family that:
 - a Received food stamps for the last 6 months **or**
 - b Received food stamps for at least 3 of the last 5 months, **but** is no longer eligible to receive them.
- Within the past year, I was convicted of a felony or released from prison for a felony **and** during the last 6 months I was a member of a low-income family.
- I received supplemental security income (SSI) benefits for any month ending within the last 60 days.

Welfare-to-Work Credit

4 Check here if you received a conditional certification from the SESA or a participating local agency for the welfare-to-work credit.

5 Check here if you are a member of a family that:

- Received TANF payments for at least the last 18 months, **or**
- Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended within the last 2 years, **or**
- Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.

All Applicants

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature: Pete Test **Date:** 11/22/2006

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 22851L Form 8850 (Rev. 01-06)

A view version of the information submitted on the 8850-1 and 8850-2 can be printed.

https://wotc.cdle.org - 9061 Form - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Individual Characteristics Form
Work Opportunity and
Welfare-to-Work Tax Credits

U.S. Department of Labor
Employment & Training Administration

1. CONTROL NO. (For Agency Use Only)	Individual Information (Instructions on the Back)	OMB No. 1205-0371 Expires: 6/30/06
		2. DATE RECEIVED (For Agency Use Only) 11/29/2006
3. EMPLOYER NAME/ADDRESS: Adam's Pizza 5 There Place Denver CO 80202	4. EMPLOYER FEDERAL ID NO. 222334445	5. EMPLOYMENT START DATE: 11/22/2006 Starting Wage: \$ 06.75 per hour POSITION: 51 Production
	6. Have you worked for the above employer before? No	
7. NAME OF INDIVIDUAL (Last, First, Middle) Test Pete		8. SOCIAL SECURITY NUMBER: 000-11-2222
The above named individual is determined to have the following characteristics for WOTC Target Group Certification:		
9. Is your age between 18-25? If YES, indicate your "Date of Birth" below: Date of Birth: _____	10. Is a veteran and a member of a family that received Food Stamps for a period of at least 3 months in the last 15 months. If YES, also complete Box 17.	11. Is a member of a family that received TANF benefits for any 9 months in the last 18 months. Yes If YES, also complete Box 17.
12. Is a member of a family that received Food Stamps for the last 6 months. Yes or for at least a 3-month period within the last 5 months, BUT is no longer receiving them. If YES, indicate your "Date of Birth" below: Yes If YES to either, also complete Box 17.	13. In the past year has been <u>convicted</u> of a felony or <u>released</u> from prison after a felony conviction. If YES, complete below: Date of Conviction _ Date of Release _ Total income for the 6 months prior to hire date for all family members living in the same household. Total Income: _ (If no income, enter 0 above) No. of family members living in the same household for the 6 mos., prior to hire date, including yourself: _	14. Lives and plans to continue living in a federal Empowerment Zone, Enterprise Round II or Renewal Community. No longer a valid category in Colorado. N/A 16. Received Supplemental Security Income (SSI) benefits for any month ending within the last 60 days. 17. If individual is not a primary recipient of benefits, please provide the following: Name of Primary Recipient _____ City/State of Benefits _____, CO
15. Is receiving or has received Rehabilitation Services through a State Rehabilitation Services' program or the Veterans' Administration.		
18. Is a "ticket holder" under the Ticket to Work Program.	19. The "ticket holder" has an Individual Work Plan (IWP) from an Employment Network (EN).	
Section 20 is to be completed by individuals starting to work after December 31, 1997, under the Welfare-to-Work Tax Credit only.		
20. Is a member of a family that: Has received TANF payments for at least the last 18 consecutive months; Has received/is receiving TANF payments for any 18 months starting after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, and ended within the last 2 years; or Stopped being eligible for TANF payments within the last 2 years because Federal or state law limited the maximum time those payments could be made.		
Yes Yes		
21. SOURCES USED TO DOCUMENT ELIGIBILITY: <u>Note:</u> I certify that the information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification. The signature of the party completing this form is required below.		
22. SIGNATURE: Pete Test		23. DATE: 11/22/2006

Employers may view, print and make changes to the 9061 form. Clicking the "Add Changes" button will open the Update Registration ETA 9061 form. Categories chosen in the original submission may not be removed. However additional categories may be selected. If the date of birth category was not provided at the original submission, it may be included. A signature date must be provided on the updated form.

https://wotc.cdle.org - Colorado - CDLE WOTC/WtW Employer/Resubmit Applicant 9061 - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Colorado's WOTC/WtW Update Registration ETA 9061 - Individual Characteristics Form (ICF)

The ETA Form 9061 can be amended only to receive new category submissions. Changes made to this form will update the original submission.

The "Reset - Clear this Form" button will erase your entries so you can restart. Mouse click or use the Tab key on the keyboard to move between fields.

Individual Information

Adam's Pizza
5 There Place Denver CO 80202
222334445

The above named individual is determined to have the following characteristics for WOTC Target Group Certification:

9. Date of Birth	10 / 14 / 1949 (Month/DD/YYYY)
10. Category B Is a veteran and a member of a family that received Food Stamps for a period of at least 3 months in the last 15 months.	<input type="checkbox"/> Yes
11. Category A Is a member of a family that received TANF benefits for any 9 months in the last 18 months.	<input checked="" type="checkbox"/> Yes
12. Category G Is a member of a family that received Food Stamps for the last 6 months.	<input checked="" type="checkbox"/> Yes
OR	
for at least a 3-month period within the last 5 months, BUT is no longer receiving them.	<input checked="" type="checkbox"/> Yes

https://wotc.cdle.org - Colorado - CDLE WOTC/WtW Employer Successful Resubmission - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Your Application has been resubmitted successfully!

**222334445
Adam's Pizza
000112222
resubmitted on 12/19/2006
at 9:41 AM**

**Colorado Department of Labor and Employment
Attn: WOTC
633 17th St., Suite 700
Denver, CO 80202**

wotc@state.co.us

[Print This Page](#)

▶ Back to Menu