

Louisiana Youth Jobs Tax Credit Employer Application

Louisiana Revised Statute 47:6028

Email completed applications to: YouthJobsCredit@La.gov during application period of January 1 to February 28.

PLEASE PRINT OR TYPE							
	Applicant Info	rmation (To	be co	mpleted by t	he employer)		
LA Revenue Account Number or SSN Federal Employer Identi		fication Number	Calendar Year of Application		Date of Application (mm/dd/yyyy)		
Legal Name							
Trade Name							
Address							
City						State	ZIP
Contact Person Name	Email Address			Phone Number			
Complete the information below for year of application listed in the sparagraphy of the s	ace provided above. Y	ou must also	have	each qualifyir	ng employee d	omplete F	Form R-90004-B, <i>Louisiana</i>
	Check* if Employed:		Employed:				
Employee Name		Last 4 dig	its	Full-Time (32 hours per week)	Part -Time (20 hours per week)	TO BE COMPLETED BY LDR Credit Amount Approved:	
*By checking a box, you attest that the er adjustments for experience and training.	nployee is working in a ful	II-time or part-time	e positi	ion that pays wa	ges that are equiv	valent to the	wages paid for similar jobs, with
Louisiana Revised Statute 47:151 creation component. All taxpayers Creation Components, to their inc	claiming the Youth Jo come tax return. Form Si ubmitted herein is true an	obs credit are n R-6311 does ignature an d accurate to the	requi	red to attach replace docur rification of my knowledge	a completed F mentation requestion	Form R-63 uired to be ge that a fin	at1, Tax Incentives with Job e submitted for each credit.
information presented herein will subject the basis of such misrepresentation. I fu requirements of R.S. 47:6028 and LAC 6	urther represent that I hav	ve exercised due	dilige	nce to ensure th	nat all information	submitted	herein is in compliance with the
Signature					Date (mm/dd/yyyy)		
Print Name Title					Telephone	e Number	
		OR OFFICE	N I _ L L	SE ONLY			
FOR OFFICIAL USE ONLY Total credit amount approved:					Date Appli	ication Received (mm/dd/yyyy)	
Signature and Title of Department Representative					Date (mm/	dd/yyyy)	



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		Check* if	Employed:	
Employee Name	Last 4 digits of SSN	Full-Time (32 hours per week)	Part -Time (20 hours per week)	TO BE COMPLETED BY LDR Credit Amount Approved:

^{*}By checking a box, you attest that the employee is working in a full-time or part-time position that pays wages that are equivalent to the wages paid for similar jobs, with adjustments for experience and training.



granted on the basis of such misrepresentation.

Signature

Louisiana Youth Jobs Tax Credit Employee Certification

Louisiana Revised Statute 47:6028

Attach completed form to Form R-90004, *Louisiana Youth Jobs Tax Credit Application*.

Date (mm/dd/yyyy)

Louisiana employers hiring youth ages 16 to 23 that meet certain criteria may be eligible to earn Louisiana Youth Jobs Tax Credits. Complete this certification for your employer to determine if your hiring may qualify for the tax credit program.

Employee In	formation (To be completed by the e	mployee.)			
Employer's Name					
Employee's Name	Social Security Number				
Address					
City		State	ZIP		
Date of Birth (mm/dd/yyyy) Age Date Hired (n			ım/dd/yyyy)		
Complete Sections 1 and 2 below to help you employment. At least one box in each sect		are eligible	to ea	rn a tax credit for your	
Section 1: Verification of age and employm	ent at date of hire (check all tha	at apply):			
 □ I was at least 16 years old but under 24 y license or ID that contains your date of border. □ I was unemployed prior to being hired by □ I did not meet any of the criteria listed in 	ears old at the date of hire. You in irth. the business listed above.		а сор	oy of a state issued	
Section 2: Verification of eligible criteria a	t the date of hire (check all that	annly):			
 I was at least 18 years old, no longer in s or high school equivalency diploma. 	· · · · · · · · · · · · · · · · · · ·		a, HiS	ET or GED credential,	
 I was a member of a family that is received Program. 	ng assistance from the Family Inc	lependence	Temp	oorary Assistance	
☐ I was a member of a family that is receiving benefits through the Supplemental Nutrition Assistance Program.					
☐ I was a member of a family that is receiving assistance from the Kinship Care Subsidy Program.					
☐ I was a member of a family that is receiving assistance or benefits under the Temporary Assistance for Needy Families Program.					
☐ I have served time in jail or prison, or I am currently on probation or parole.					
☐ I was pregnant or a parent.					
☐ I was homeless.					
☐ I was in or currently in foster care, extended foster care, or the custody of the Department of Children and Family Services.					
□ I was a veteran. You must attach a copy	of your DD214 – Certificate of Re	lease or Dis	charg	ge from Active Duty.	
I was the child of a parent who is currently incarcerated or was released from incarceration within the past two years					
☐ I live in public housing or receive housing assistance, such as a Section 8 voucher.					
☐ I did not meet any of the criteria listed in Section 2 at date of hire.					
I attest and affirm that the information submitted herein is true of the information presented herein will subject myself and/o					