

## 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 Information (To be completed by the employer.)					
LA Revenue Account Number or SSN	FEIN	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 each qualifying youth hired who completed three consecutive months of employment in the calendar year of application listed in the space provided above. You must also have each qualifying employee complete Form R-90004-B, *Louisiana Youth Jobs Tax Credit Employee Certification*, and attach a copy to this application. If additional lines are needed, use Page 2.

		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.				

Louisiana Revised Statute 47:1517.1(B)(4) requires Louisiana Department of Revenue to report on tax incentives that include a job creation component. All taxpayers claiming the Youth Jobs credit are required to attach a completed Form R-6311, Tax Incentives with Job Creation Components, to their income tax return. Form R-6311 does not replace documentation required to be submitted for each credit.

## Signature and Verification

I attest and affirm that the information submitted herein is true and accurate to the best of my knowledge and acknowledge that a finding of misrepresentation of the information presented herein will subject myself and/or my employee to legal and tax consequences, including but not limited to recapture of any credits granted on the basis of such misrepresentation. I further represent that I have exercised due diligence to ensure that all information submitted herein is in compliance with the requirements of R.S. 47:6028 and LAC 61:1.1921 and agree to maintain substantiating documentation to be produced upon the request of the Department of Revenue.					
Signature		Date (mm/dd/yyyy)			
Print Name	Title	Telephone Number			
FOR OFFICIAL USE ONLY					
Total credit amount approved:		Date Application Received (mm/dd/yyyy)			
Signature and Title of Department Representative		Date (mm/dd/yyyy)			



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Louisiana Youth Jobs Tax Credit Employee Certification

Louisiana Revised Statute 47:6028

Attached completed form to Form R-90004, Louisiana Youth Jobs Tax Credit Application

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 Information (To be completed by the employee.)					
Employer's Name					
Employee's Name			Social Security Number		
Address					
City			State	ZIP	
Date of Birth (mm/dd/yyyy)	Age	Date Hired (mm/dd/yyyy)			
Complete Sections 1 and 2 below to help your employer determine if they are eligible to earn a tax credit for your employment. At least one box in each section must be checked.					
Section 1: Verification of age and employment at date of hire (check all that apply):					
□ I was at least 16 years old but under 24 years old at the date of hire. You must attach a copy of a state issued license or ID that contains your date of birth.					
I was unemployed prior to being hired by the business listed above.					
□ I did not meet any of the criteria listed in Section 1 at date of hire.					
Section 2: Verification of eligible criteria at the date of hire (check all that apply):					

- □ I was at least 18 years old, no longer in school, and do not have a high school diploma, HiSET or GED credential, or high school equivalency diploma.
- □ I was a member of a family that is receiving assistance from the Family Independence Temporary Assistance Program.
- □ 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 Release or Discharge 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 receives housing assistance such as a Section 278 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 and accurate to the best of my knowledge and acknowledge that a finding of misrepresentation of the information presented herein will subject myself and/or my employer to legal and tax consequences, including but not limited to recapture of any credits granted on the basis of such misrepresentation.