City of Philadelphia Department of Revenue

FOR DEPARTMENT USE ONLY
Date Received
Time Received

Request for Certification of Qualifying Employees Credit for Employment of Returning Veterans of the Armed Forces

Philadelphia Code §19-2604(13)	
(<u>NOTE</u> : This request form should <u>only</u> be submitted by to Participate in the Credit for Employment of Returni	by a business that has also submitted an "Employer Application ng Veterans of the Armed Forces.")
Employer's Name:	
Business Address:	
Contact Person:	Telephone Number:
Philadelphia Business Tax Account No.:	FEIN or SSN:
- listed on Attachment A – as a "Qualifying En Returning Veterans of the Armed Forces. We had on the attachment, the DD Form 214 (or equivaled papers, etc., or documentation for service-context." Veteran's Administration) and a copy of the feder	tment of Revenue ("Department") to certify each veteran apployee" for purposes of the Credit for Employment of ave submitted to the Department, for each Veteran listed ent) issued by the U.S. Department of Defense, discharge nected disability (i.e., signed documents issued by the ral form filed with the applicable State Workforce Agency pre-screen and certify each an individual as a member of efederal Work Opportunity Tax Credit (WOTC).
The undersigned authorized representative for the	e Employer hereby affirms the following facts:
she earns wages that are subject to the ("Code") and under the Department's Inc by nonresidents of Philadelphia is subject Income Tax Regulations; b) receives compensities, including sick leave, holiday and employees in comparable positions as procomparable position does not exist, (ii) a 150% of the federal minimum wage, and the	a Veteran who a) is employed in a position where he or tax under Chapter 19-1500 of The Philadelphia Code come Tax Regulations – the majority of the wages earned to the tax under Chapter 19-1500 and the Department's pensation that is either (i) equivalent to those wages and vacation absences, and tuition benefits, afforded regular art of the Employer's regular payroll process; or if a t an average hourly rate, excluding benefits, of at least he employment package includes the same benefits as are s; and c) was hired between July 1, 2012, and June 30,
I hereby certify that all information contained true and correct to the best of my knowledge.	l in this certification request and the attachments are
Signature of Representative:	Date:
	Title:

CITY OF PHILADELPHIA – DEPARTMENT OF REVENUE

CREDIT for EMPLOYMENT of RETURNING VETERANS of the ARMED FORCES

Attachment A: Employment Affidavit (Attach additional sheets if necessary) Date **Employment** Average F/T or **SSN Employee's Name** Hired **Position Hourly Rate** P/T Work Location: (If different for each employee, attach a sheet and specify the work location for each employee.) Employment Benefits: (If different for each employee, attach a sheet and specify the benefits for each employee.) We are submitting (or will submit) documentation (i.e., certification issued by the applicable SWA) that each individual listed is a "Qualified Veteran" as defined in Section 51(d)(3) of the Internal Revenue Code and has met the qualifications under the Vow to Hire Heroes Act of 2011 as part of the federal WOTC. We acknowledge that, although the Department may honor our request to certify a veteran as a Qualifying Employee for purposes of the Credit for Employment of Returning Veterans of the Armed Forces, no tax credit shall be issued until such certification issued by the applicable SWA (or equivalent documentation) is received by the Department. Preparer's Name: Preparer's Title: Preparer's Signature: **Date:** _____ For Office Use Only: Certification Issued by Department (Date): SWA Certification Received (Date): Issued by: _____ Print Name: ___

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CITY OF PHILADELPHIA – DEPARTMENT OF REVENUE

CREDIT for EMPLOYMENT of RETURNING VETERANS of the ARMED FORCES

Instructions for Requesting Certification of Qualifying Employees

- A business may request to have the Department certify a veteran as a "Qualifying Employee" after (or at the time) a business has submitted an "Employer Application to Participate in the Credit for Employment of Returning Veterans of the Armed Forces" that includes the location of employment and proof that each individual is a Veteran as defined under §19-2604(13) of the Code.
- A business shall submit this form, as prescribed by the Department, for each Veteran a business wishes to have certified as a "Qualifying Full-Time Employee" or "Qualifying Part-Time Employee" as defined under §19-2604(13) of the Code.
- Upon review of all information and documentation required to be submitted, the Department shall accordingly certify each individual who qualifies as a Qualifying Full-Time Employee or Qualifying Part-Time Employee for purposes of the Credit for Employment of Returning Veterans of the Armed Forces subject to the limitations provided under §19-2604(13)(d) of the Code entitled "Certification of Qualifying Employees; Maximum Number Permitted."

Mail completed certification request form and all other required documents to:

City of Philadelphia – Department of Revenue Tax Credit & Assistance Programs unit Municipal Services Building – Room 480 1401 John F. Kennedy Blvd. Philadelphia, PA 19102