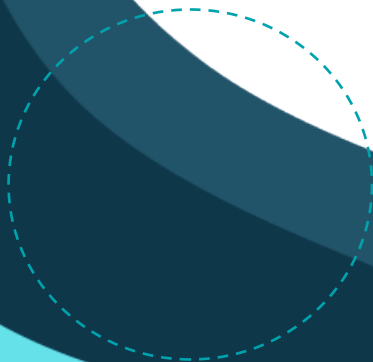
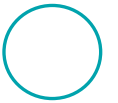




Michigan Unemployment  
Insurance Agency

**Create and Submit a Work  
Opportunity Tax Credit (WOTC)  
Application**

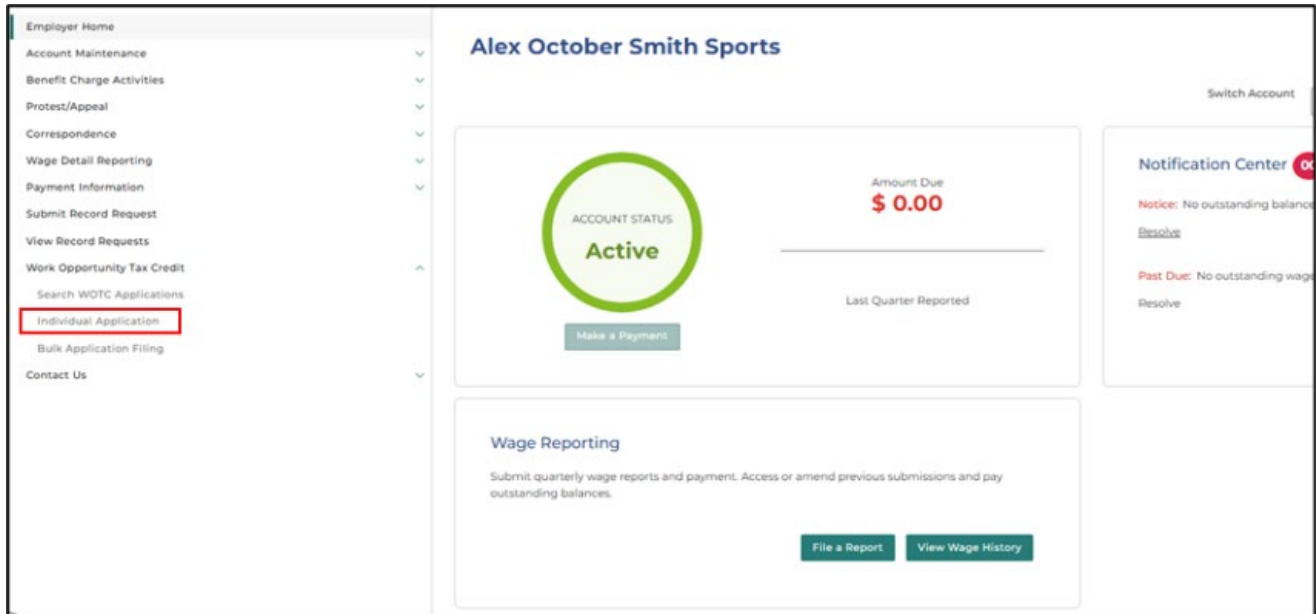
**MiUI Job Aid**



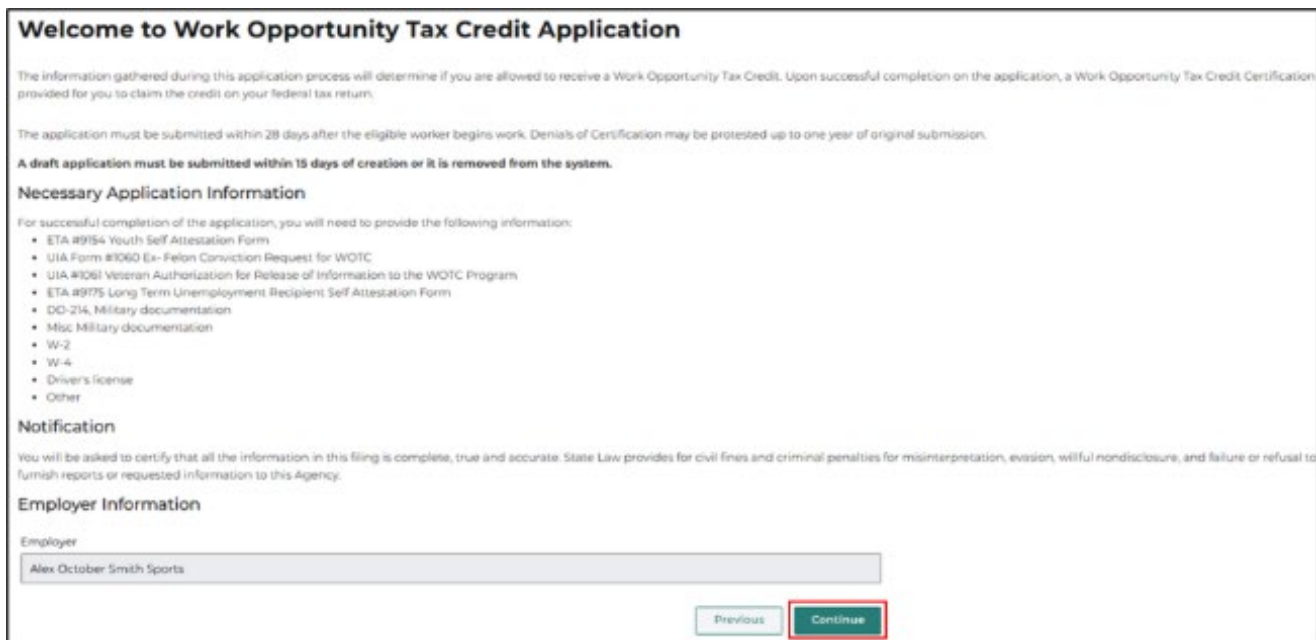


**Note:** The following steps are listed from the employer perspective. A TPA must be assigned the *WOTC Update and Submit* role to complete this on behalf of the employer.

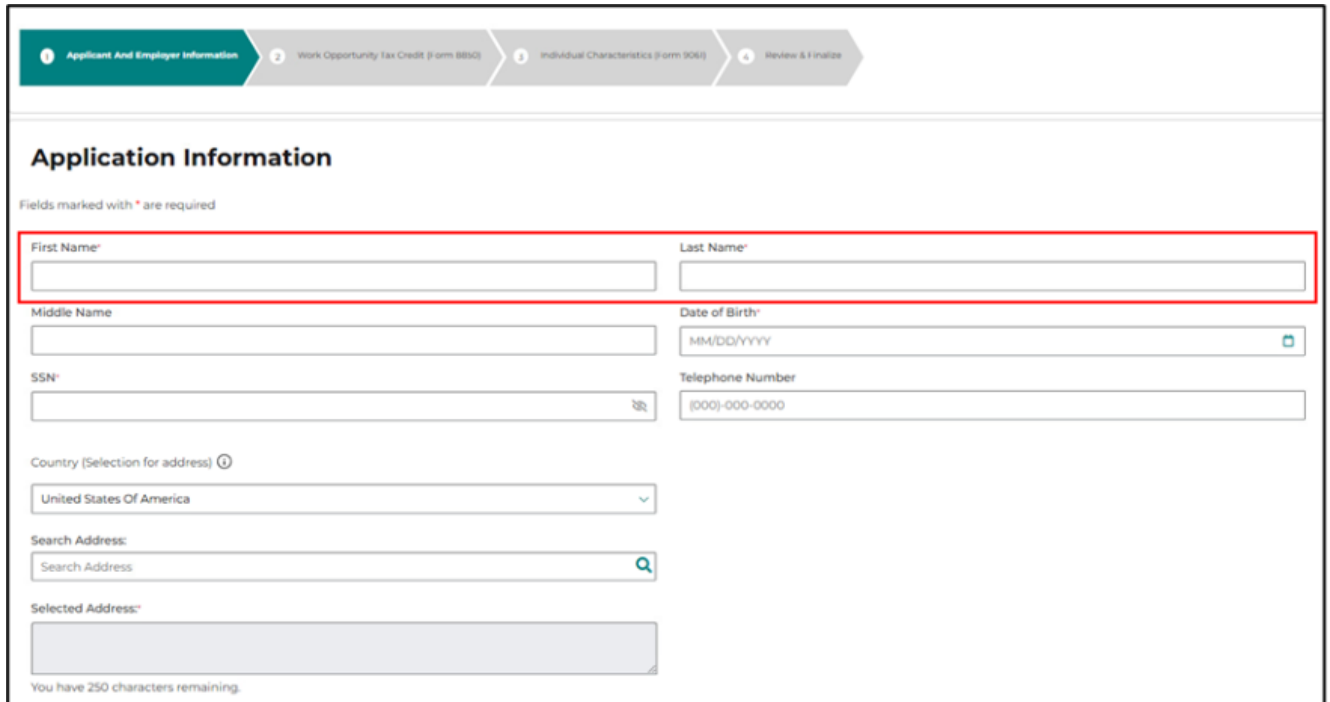
1. From the left navigation on the *Employer Homepage*, select **Work Opportunity Tax Credit**. From the *Work Opportunity Tax Credit* drop-down, select **Individual Application**.



2. On the *Welcome to Work Opportunity Tax Credit Application* screen, select **Continue**.



- On the *Applicant and Employer Information* screen, in the *Application Information* section, enter the applicant's first and last name in the *First Name* and *Last Name* fields.




The screenshot shows the 'Application Information' section of a form. At the top, there are four chevrons indicating the progress: 1. Applicant And Employer Information (highlighted in teal), 2. Work Opportunity Tax Credit (Form 8850), 3. Individual Characteristics (Form 906), and 4. Review & Finalize. Below the chevrons, the title 'Application Information' is displayed. A note states 'Fields marked with \* are required'. The form contains several fields: 'First Name\*' and 'Last Name\*' (both highlighted with a red border), 'Middle Name', 'Date of Birth\*' (with a date picker icon), 'SSN\*' (with a magnifying glass icon), and 'Telephone Number' (with a placeholder '(000)-000-0000'). Below these are a 'Country' dropdown menu (set to 'United States Of America'), a 'Search Address' field with a magnifying glass icon, and a 'Selected Address' field with a note 'You have 250 characters remaining.'



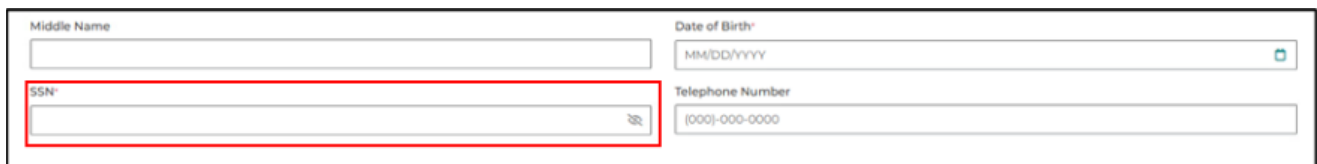
**Tip:** There are four chevrons at the top of the screen indicating what step of the application you are currently completing within MiUI. The highlighted chevron indicates the current step.

- Enter the applicant's date of birth in the *Date of Birth* field.



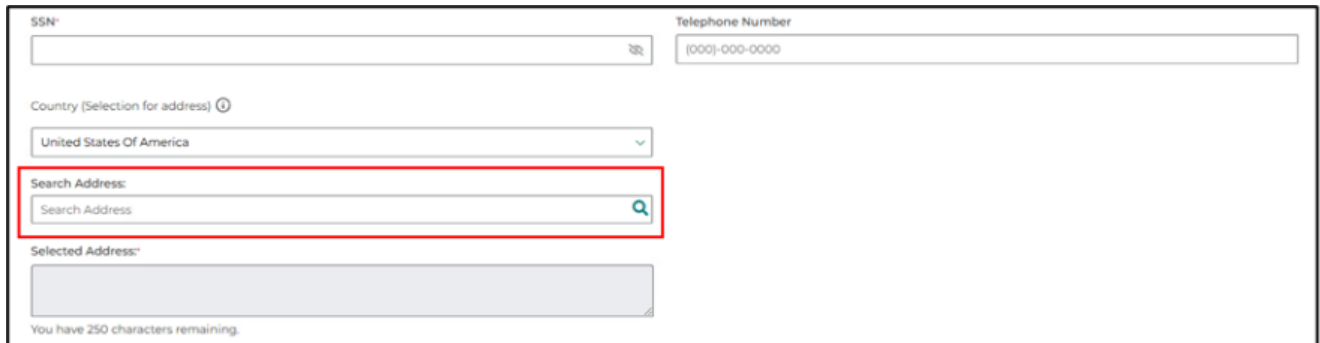
This screenshot is a close-up of the 'Date of Birth\*' field, which is highlighted with a red border. The field contains the placeholder text 'MM/DD/YYYY' and a date picker icon. Other fields like 'First Name\*', 'Last Name\*', 'Middle Name', 'SSN\*', and 'Telephone Number' are visible but not highlighted.

- Enter the applicant's Social Security number in the *SSN* field.



This screenshot is a close-up of the 'SSN\*' field, which is highlighted with a red border. The field contains a magnifying glass icon. Other fields like 'Middle Name', 'Date of Birth\*', and 'Telephone Number' are visible but not highlighted.

6. Enter the applicant's address in the *Search Address* field.



The screenshot shows a form with the following fields:

- SSN: [Empty text box]
- Telephone Number: [000]-000-0000
- Country (Selection for address): [United States Of America]
- Search Address: [Search Address] (highlighted with a red box)
- Selected Address: [Empty text box]

At the bottom of the form, it says "You have 250 characters remaining."



**Note:** The address will begin to populate in the *Search Address* field, allowing you to select the address from the drop-down as you type. Once the address is selected, it will populate in the *Selected Address* field. If the address does not populate, an option to manually enter an address will appear. Selecting that option will open a pop-up screen where address information can be manually entered.


7. In the *Employer Information* section, note that the information is prepopulated. Verify that all employer information is accurate and select **Save & Continue**.

### Employer Information

Employer's Name\*  FEIN\*


Telephone Number

Country (Selection for address) ⓘ

Search Address:  

Selected Address:\*

You have 208 characters remaining.





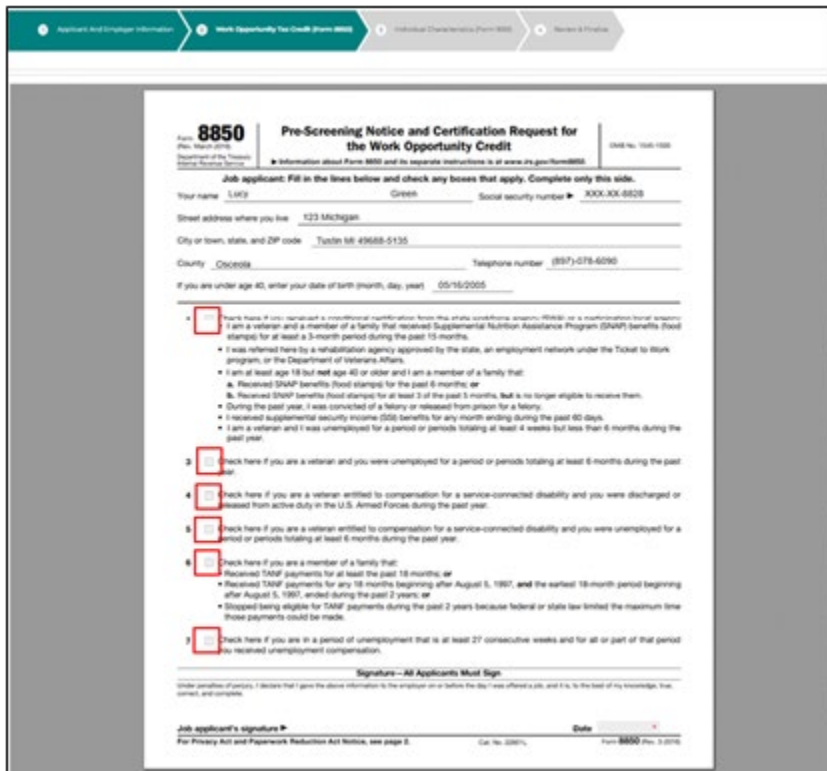
**Tip:** If the information is not accurate, you can make the necessary changes by selecting *Account Maintenance* from the left navigation, selecting the relevant menu item, and making the needed updates.



**Note:** Selecting **Save & Continue** opens a 15-day drafting window for the WOTC application. After 15 days, MiUI will remove the application if it is still incomplete.



9. Further down on page one of *Form 8850 – Pre-Screening Notice and Certification Request for the Work Opportunity Credit*, select the checkboxes that correspond to the employee’s specific situation.



**8850** Pre-Screening Notice and Certification Request for the Work Opportunity Credit

Form 8850 (Rev. 12/19)

Department of the Treasury Internal Revenue Service

Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850)

**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name: LARRY Green Social security number: XXX-XX-8828

Street address where you live: 123 Michigan

City or town, state, and ZIP code: Tustin MI 49688-0135

County: Chocoma Telephone number: (887)-678-6090

If you are under age 40, enter your date of birth (month, day, year): 05/15/2005

1. Check here if you: **received a vocational rehabilitation from the state, uniformed services, or a nonuniformed veteran; or** **am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months;**

- It 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 40) or older and I am a member of a family that:
  - Received SNAP benefits (food stamps) for the past 6 months; or
  - Received SNAP benefits (food stamps) for at least 3 of the past 6 months, but is no longer eligible to receive them;
- During the past year, I was convicted of a felony or released from prison for a felony;
- I received supplemental security income (SSI) benefits for any month ending during the past 60 days;
- I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks (but less than 6 months) during the past year.

3. Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

4. Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

5. Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

6. Check here if you are a member of a family that: **Received TANF payments for at least the past 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 during the past 2 years; or
- Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

7. Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

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 I do, to the best of my knowledge, true, correct, and complete.

Job applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 2. Cat. No. 32871L Form 8850 (Rev. 12/19)

 **Note:** The boxes selected during this step describing the employee’s specific WOTC qualifications will determine what supporting documents, if any, will be required later in the process.

10. On page two of Form 8850 – Pre-Screening Notice and Certification Request for the Work Opportunity Credit, verify that the pre-populated fields match your employer information: Employer’s name, Street address, City or town, state, and ZIP code.

Form 8850 (Rev. 3-2015) Page 2

**For Employer's Use Only**

Employer's name Nicklas April Smith Sports Telephone no. \_\_\_\_\_ FEIN ▶ \_\_\_\_\_

Street address 1801 MICHIGAN AVE

City or town, state, and ZIP code DETROIT MI 482161398

Person to contact, if different from above \_\_\_\_\_ Telephone no. (\_\_\_\_) \_\_\_\_\_

Street address \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) \_\_\_\_\_ ▶ \_\_\_\_\_

Date applicant:

Gave information	Was offered job	Was hired	Started job
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ▶ _____	Title _____	Date _____
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**Privacy Act and Paperwork Reduction Act Notice**

Section references are to the Internal Revenue Code.

Section 5115(i)(3) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

**Recordkeeping** . . . 6 hr., 27 min.

**Learning about the law or the form** . . . 24 min.

**Preparing and sending this form to the SWA** . . . 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from [www.irs.gov/form8850](http://www.irs.gov/form8850). Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service  
Tax Forms and Publications  
1111 Constitution Ave. NW, IR-6526  
Washington, DC 20224

Do not send this form to this address. Instead, see When and Where to File in the separate instructions.

Form 8850 (Rev. 3-2015)

11. Enter dates in the following fields for when the employer:

- Gave information to the applicant in the *Gave Information* field.
- Offered the applicant the job in the *Was Offered Job* field.
- Hired the applicant in the *Was Hired* field.
- Had the applicant start the job in the *Started Job* field.

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6) . . . . .

Date applicant:

Gave information . . . . . Was offered job . . . . . Was hired . . . . . Started job . . . . .

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature . . . . . Title . . . . . Date . . . . .

**Privacy Act and Paperwork Reduction** criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities. The time needed to complete and file this form will vary depending on individual circumstances. The estimated

12. Enter today's date in the *Date* field.

Date applicant:

Gave information . . . . . Was offered job . . . . . Was hired . . . . . Started job . . . . .

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature . . . . . Title . . . . . Date . . . . .

**Privacy Act and Paperwork Reduction Act Notice** Section references are to the Internal Revenue Code. criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:  
**Recordkeeping** . . . . . 6 hr., 27 min.  
**Learning about the law or the form** . . . . . 24 min.

### 13. Select **Save & Continue**.

Employer's signature ▶	Title	Date
<p><b>Privacy Act and Paperwork Reduction Act Notice</b></p> <p>Section references are to the Internal Revenue Code.</p> <p>Section 5101(i) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWFA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and</p>	<p>criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWFA, and to cities, states, and the District of Columbia for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.</p> <p>You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.</p>	<p>The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:</p> <p><b>Recordkeeping</b> . . . . . 6 hr., 27 min.</p> <p><b>Learning about the law or the form</b> . . . . . 24 min.</p> <p><b>Preparing and sending this form to the SWFA</b> . . . . . 23 min.</p> <p>If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from <a href="http://www.irs.gov/formspubs">www.irs.gov/formspubs</a>. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:</p> <p>Internal Revenue Service Tax Forms and Publications 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224</p> <p>Do not send this form to this address. Instead, see <i>When and Where To File</i> in the separate instructions.</p>
<p>Form <b>8850</b> (Rev. 3-2015)</p>		
<p>Previous</p>		<p><b>Save &amp; Continue</b></p>

14. On the *Individual Characteristics form (Form 9061)*, verify that the pre-populated fields in the *Employer Information* section are accurate.

1 Applicant and Employer Information    2 Work Opportunity Tax Credit (Form 9061)    3 Individual Characteristics (Form 9061)    4 Review & Print

U.S. Department of Labor  
Employment and Training Administration

OMB Control No. 1205-0071  
Expiration Date: May 31, 2026

Work Opportunity Tax Credit  
Individual Characteristics Form (ICF)

1. Control No. (For Agency use only)	SWA / AGENCY INFORMATION (See instructions on pg 4)		2. Date Received (For Agency Use only)
<b>EMPLOYER INFORMATION</b>			
3. Employer Name Nicklas April Smith Sports	4. Employer Mailing Address, Telephone No. and Email Address 1001 MICHIGAN AVE DETROIT MI 482161398 (509) 423-1234 nicklasaprsmith@miia.com	5. Employer Identification Number (EIN) 334255001	
<b>JOB APPLICANT INFORMATION</b>			
6. Applicant Name (Last, First, MI) Lury Green	7. Social Security Number XXX-XX-8828	8. Have you worked for this employer before? YES: <input type="checkbox"/> NO: <input type="checkbox"/>	
<b>JOB APPLICANT CHARACTERISTICS FOR WOTC TARGETED GROUP(S) CERTIFICATION</b>			
9. Employment Start Date 09/19/2025	10. Starting Wage	11. Job Position (Title) or SOC (Standard Occupation Classification)	
<p><b>Directions:</b> Read the following statements carefully and check any of following statements that apply to the job applicant. Provide additional information where requested and as needed for targeted group eligibility determination.</p> <p>12. Qualified IV-A Recipient Check here if the job applicant is a Qualified IV-A Recipient <input type="checkbox"/></p> <p>If the job applicant is a member of a family receiving Temporary Assistance for Needy Families (TANF), enter the name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p> <p>13. Qualified Veteran Check here if the job applicant is a veteran of the U.S. Armed Forces <input type="checkbox"/></p> <p>If the job applicant (veteran) is a member of a family receiving Supplemental Nutrition Assistance Program (SNAP) benefits, enter the name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p> <p><i>Note: Additional information may be requested to determine the job applicant's qualified veteran eligibility, such as proof of being entitled to compensation for a service-connected disability or having aggregate periods of unemployment.</i></p> <p>14. Qualified Ex-Felon Check here if the job applicant is an Ex-Felon <input type="checkbox"/> Check if the job applicant is in a Work Release Program: <input type="checkbox"/></p> <p>Enter date of felony conviction (mm/dd/yyyy): _____ and release date: _____</p> <p>Federal conviction: <input type="checkbox"/> State conviction: <input type="checkbox"/> List applicable state: _____</p>			

1

(ETA Form 9061 (Rev. May 2025))

15. In the *Job Applicant Information* section, verify the employee's name and Social Security number.

EMPLOYER INFORMATION		
3. Employer Name Nicklas April Smith Sports	4. Employer Mailing Address, Telephone No. and Email Address 1801 MICHIGAN AVE DETROIT MI 482161398 (509) 123-1234 nicklasaprsmith@miui.com	5. Employer Identification Number (EIN) 77-678901
JOB APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI) Lucy Green	7. Social Security Number XXX-XX-8828	8. Have you worked for this employer before? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
JOB APPLICANT CHARACTERISTICS FOR WOTC TARGETED GROUP(S) CERTIFICATION		
9. Employment Start Date 09/19/2025	10. Starting Wage	11. Job Position (Title) or SOC (Standard Occupation Classification)
<p><b>Directions:</b> Read the following statements carefully and check any of following statements that apply to the job applicant. Provide additional information where requested and as needed for targeted group eligibility determination.</p> <p>12. Qualified IV-A Recipient Check here if the job applicant is a Qualified IV-A Recipient <input type="checkbox"/></p> <p>If the job applicant is a member of a family receiving Temporary Assistance for Needy Families (TANF), enter the name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p>		

16. Continue in the *Job Applicant Information* section and answer the question *Have you ever worked for this employer before?*

JOB APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI) Lucy Green	7. Social Security Number XXX-XX-8828	8. Have you worked for this employer before? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
JOB APPLICANT CHARACTERISTICS FOR WOTC TARGETED GROUP(S) CERTIFICATION		
9. Employment Start Date 09/19/2025	10. Starting Wage	11. Job Position (Title) or SOC (Standard Occupation Classification)
<p><b>Directions:</b> Read the following statements carefully and check any of following statements that apply to the job applicant. Provide additional information where requested and as needed for targeted group eligibility determination.</p> <p>12. Qualified IV-A Recipient Check here if the job applicant is a Qualified IV-A Recipient <input type="checkbox"/></p>		

17. Continue to the *Job Applicant Characteristics for WOTC Targeted Group(s) Certification* section of the 9061, and verify the *Employment Start Date*, then enter the employee's **Starting Wage**.

JOB APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI) Lucy Green	7. Social Security Number XXX-XX-8828	8. Have you worked for this employer before? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
JOB APPLICANT CHARACTERISTICS FOR WOTC TARGETED GROUP(S) CERTIFICATION		
9. Employment Start Date 09/19/2025	10. Starting Wage	11. Job Position (Title) or SOC (Standard Occupation Classification)
<p><b>Directions:</b> Read the following statements carefully and check any of following statements that apply to the job applicant. Provide additional information where requested and as needed for targeted group eligibility determination.</p> <p>12. Qualified IV-A Recipient Check here if the job applicant is a Qualified IV-A Recipient <input type="checkbox"/></p> <p>If the job applicant is a member of a family receiving Temporary Assistance for Needy Families (TANF), enter the name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p>		

18. In the *Job Applicant Characteristics for WOTC Targeted Group(s) Certification* section, select the *Job Position (Title) or SOC (Standard Occupation Classification)* drop-down to choose the classification for the employee.

JOB APPLICANT INFORMATION		
6. Applicant Name (Last, First, MI) Lucy Green	7. Social Security Number XXX-XX-8828	8. Have you worked for this employer before? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
JOB APPLICANT CHARACTERISTICS FOR WOTC TARGETED GROUP(S) CERTIFICATION		
9. Employment Start Date 09/19/2025	10. Starting Wage	11. Job Position (Title) or SOC (Standard Occupation Classification) <input checked="" type="checkbox"/>
<p><b>Directions:</b> Read the following statements carefully and check any of following statements that apply to the job applicant. Provide additional information where requested and as needed for targeted group eligibility determination.</p> <p>12. Qualified IV-A Recipient Check here if the job applicant is a Qualified IV-A Recipient <input type="checkbox"/></p> <p>If the job applicant is a member of a family receiving Temporary Assistance for Needy Families (TANF), enter the name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p>		

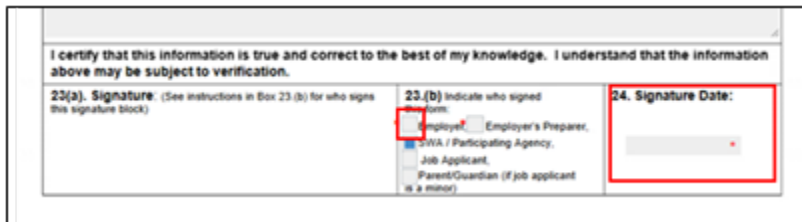
19. Continue in the *Job Applicant Characteristics for WOTC Targeted Group(s) Certification* section by reading items 12 through 21 and checking any statements that accurately apply to the job applicant. When needed, provide additional information where requested.

JOB APPLICANT CHARACTERISTICS FOR WOTC TARGETED GROUP(S) CERTIFICATION		
9. Employment Start Date 09/19/2025	10. Starting Wage	11. Job Position (Title) or SOG (Standard Occupation Classification)
<p><b>Directions:</b> Read the following statements carefully and check any of following statements that apply to the job applicant. Provide additional information where requested and as needed for targeted group eligibility determination.</p>		
<p><b>12. Qualified IV-A Recipient</b> Check here if the job applicant is a Qualified IV-A Recipient <input type="checkbox"/></p> <p>If the job applicant is a member of a family receiving Temporary Assistance for Needy Families (TANF), enter the name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p>		
<p><b>13. Qualified Veteran</b> Check here if the job applicant is a veteran of the U.S. Armed Forces <input type="checkbox"/></p> <p>If the job applicant (veteran) is a member of a family receiving Supplemental Nutrition Assistance Program (SNAP) benefits, enter the name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p> <p><i>Note: Additional information may be requested to determine the job applicant's qualified veteran eligibility, such as proof of being entitled to compensation for a service-connected disability or having aggregate periods of unemployment</i></p>		
<p><b>14. Qualified Ex-Felon</b> Check here if the job applicant is an Ex-Felon <input type="checkbox"/> Check if the job applicant is in a Work Release Program: <input type="checkbox"/></p> <p>Enter date of felony conviction (mm/dd/yyyy): _____ and release date: _____</p> <p>Federal conviction <input type="checkbox"/> State conviction <input type="checkbox"/> List applicable state: _____</p>		
<p><b>15. Designated Community Resident (DCR)</b> Check if the job applicant is at least age 18 but not age 40 on the hiring date, and resides in a Rural Renewal County (RRC) _____ or an Empowerment Zone (EZ). <input type="checkbox"/></p> <p>Enter job applicant's birthday (mm/dd/yyyy): _____</p>		
<p><b>16. Vocational Rehabilitation Referral</b> Check here if the job applicant is a Vocational Rehabilitation (VR) Referral <input type="checkbox"/></p> <p>Applicant was referred by (select one of the following): Rehabilitation agency approved by the state: Employment Network under the Ticket to Work Program: _____ Department of Veterans Affairs</p>		
<p><b>17. Qualified Summer Youth Employee</b> Check here if the job applicant is a Qualified Summer Youth Employee <input type="checkbox"/></p> <p>Enter the job applicant's birthday (mm/dd/yyyy): _____</p>		
<p><b>18. Qualified Supplemental Nutrition Assistance Program (SNAP) Recipient</b> Check here if the job applicant is a Qualified SNAP (Food Stamps) Recipient <input type="checkbox"/></p> <p>Enter job applicant's birthday (mm/dd/yyyy): _____</p> <p>Enter the name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p>		
<p><b>19. Qualified Supplemental Security Income (SSI) Recipient</b> Check here if the job applicant received or is receiving Supplemental Security Income (SSI) <input type="checkbox"/></p>		
<p><b>20. Long-Term Family Assistance Recipient</b> Check here if the job applicant is a Long-term Family Assistance (long-term TANF) recipient <input type="checkbox"/></p> <p>Enter name of the <b>primary benefits recipient</b>: _____ and the <b>city and state(s)</b> where benefits were received: _____</p>		
<p><b>21. Qualified Long-Term Unemployment Recipient</b> Check here if the job applicant is a qualified long-term unemployment recipient (L TUR) <input type="checkbox"/></p> <p>Enter <b>city and state(s)</b> where UI claim records / UI wage records were filed: _____</p>		

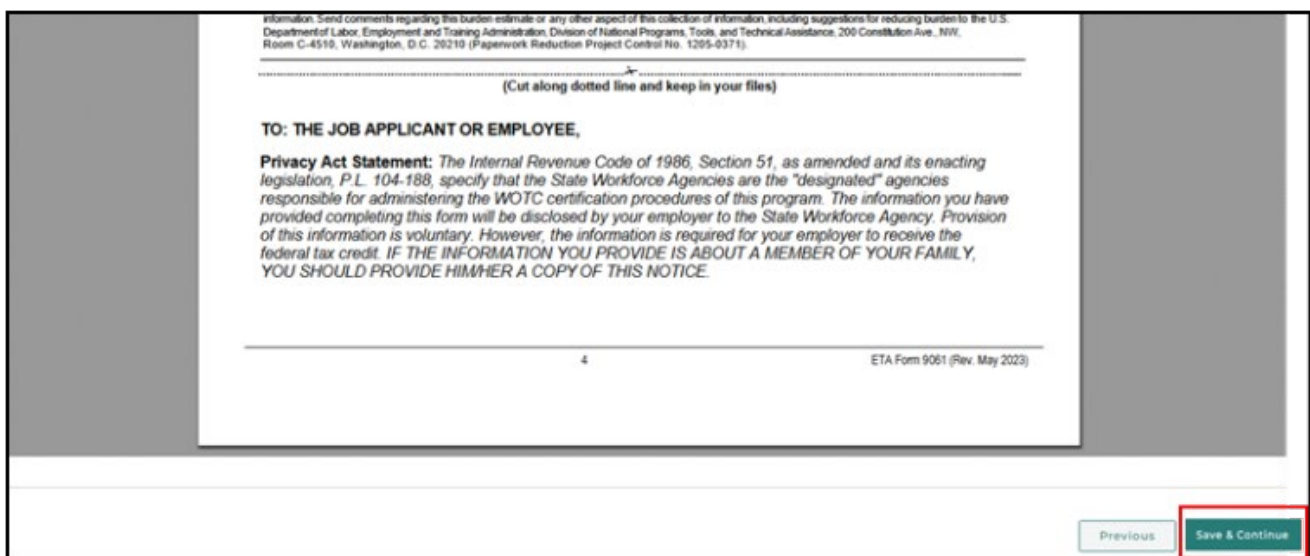


**Note:** This section of the application begins on page one of the *Individual Characteristics form (Form 9061)* and carries over to page 2.

20. Continue in the *Job Applicant Characteristics for WOTC Targeted Group(s) Certification* section by selecting the **Employer** checkbox in the 23.(b) *Indicate who signed this form* field and entering the **Signature Date**.

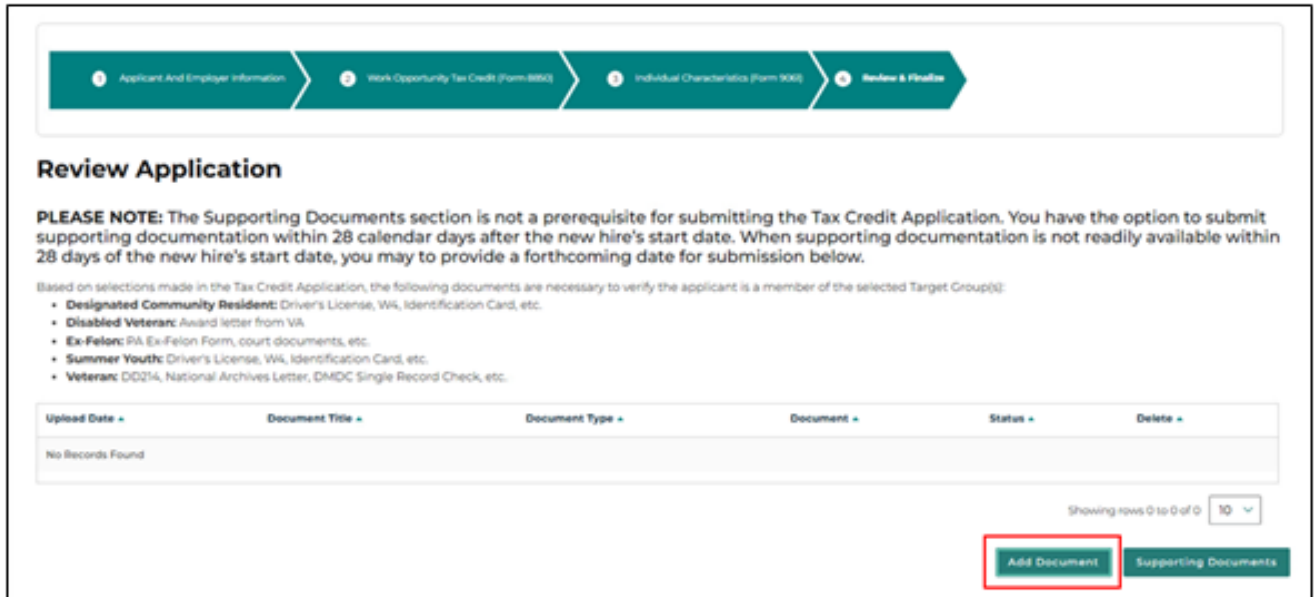


21. Scroll down pages three and four of the *Individual Characteristics form (Form 9061)* and select **Save and Continue**.




**Note:** You will need to continue scrolling past the last page of the *Individual Characteristics form (Form 9061)* to select **Save & Continue** at the bottom of the screen.

22. On the *Review & Finalize* screen, select **Add Document** to add supporting documents, if applicable.



**Review Application**

**PLEASE NOTE:** The Supporting Documents section is not a prerequisite for submitting the Tax Credit Application. You have the option to submit supporting documentation within 28 calendar days after the new hire's start date. When supporting documentation is not readily available within 28 days of the new hire's start date, you may to provide a forthcoming date for submission below.

Based on selections made in the Tax Credit Application, the following documents are necessary to verify the applicant is a member of the selected Target Group(s):

- **Designated Community Resident:** Driver's License, WA, Identification Card, etc.
- **Disabled Veteran:** Award letter from VA
- **Ex-Felon:** PA Ex-Felon Form, court documents, etc.
- **Summer Youth:** Driver's License, WA, Identification Card, etc.
- **Veteran:** DD214, National Archives Letter, DMDC Single Record Check, etc.

Upload Date +	Document Title +	Document Type +	Document +	Status +	Delete +
No Records Found					

Showing rows 0 to 0 of 0

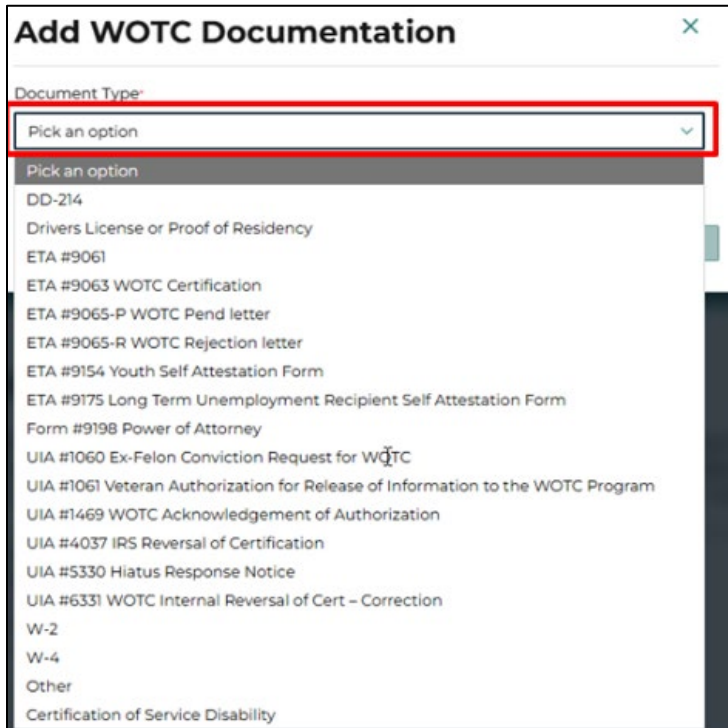
**Add Document** **Supporting Documents**



**Note:** WOTC applications can be submitted first, and supporting documents can be added later. There is a field labeled *Date Submitting Documents* where applicants can select a future date to indicate when the supporting document will be submitted.

If employers are unsure which supporting documents are needed, select **Supporting Documents** to view specific requirements for the WOTC application.

23. On the *Add WOTC Documentation* pop-up screen, choose an option from the *Document Type* drop-down.



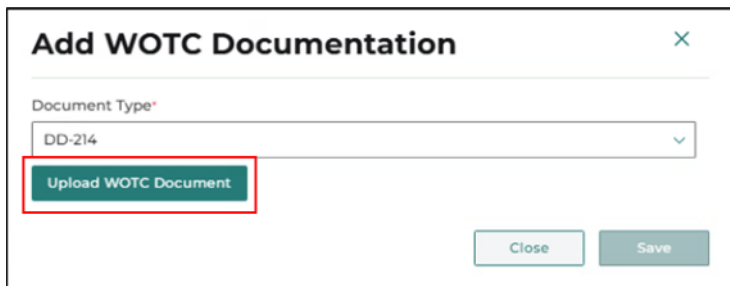
**Add WOTC Documentation** [X]

Document Type\*

Pick an option [v]

- Pick an option
- DD-214
- Drivers License or Proof of Residency
- ETA #9061
- ETA #9063 WOTC Certification
- ETA #9065-P WOTC Pend letter
- ETA #9065-R WOTC Rejection letter
- ETA #9154 Youth Self Attestation Form
- ETA #9175 Long Term Unemployment Recipient Self Attestation Form
- Form #9198 Power of Attorney
- UIA #1060 Ex-Felon Conviction Request for WOTC
- UIA #1061 Veteran Authorization for Release of Information to the WOTC Program
- UIA #1469 WOTC Acknowledgement of Authorization
- UIA #4037 IRS Reversal of Certification
- UIA #5330 Hiatus Response Notice
- UIA #6331 WOTC Internal Reversal of Cert - Correction
- W-2
- W-4
- Other
- Certification of Service Disability

24. Select **Upload WOTC Document** and upload the document from your computer.



**Add WOTC Documentation** [X]

Document Type\*

DD-214 [v]

**Upload WOTC Document**

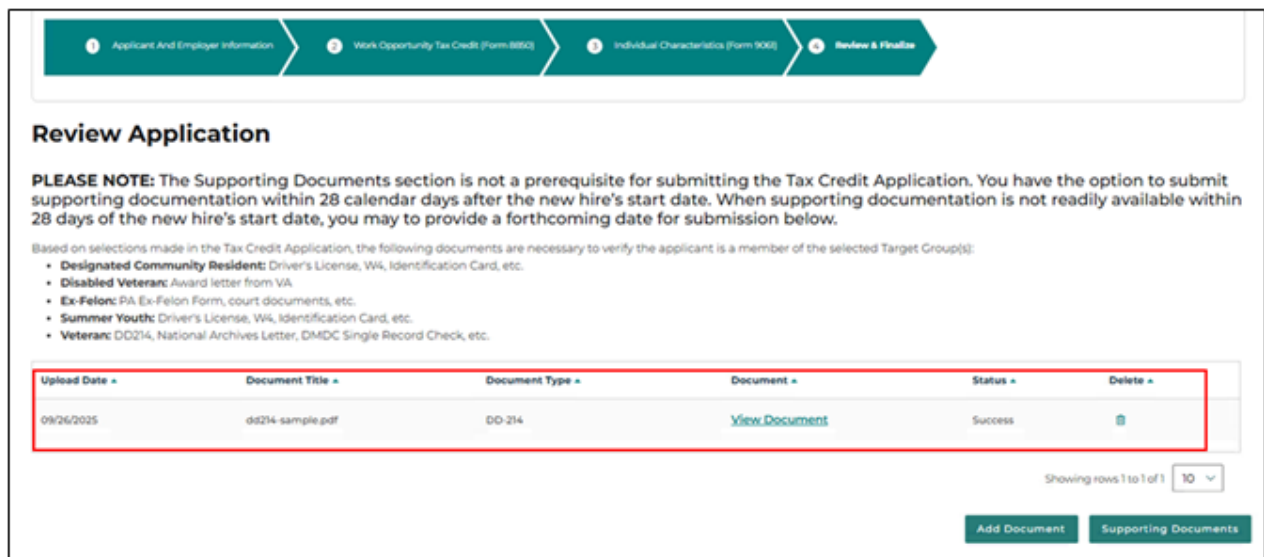
Close Save


25. Once the document finishes uploading, select **Save**.




**Tip:** To delete an uploaded document, select the **X** next to the uploaded document name.

26. Notice on the *Review Application* screen, the uploaded documents display as a line-item. In the table, MiUI displays the upload date, document title, document type, View Document hyperlink, status of the upload, and a trashcan icon.



Upload Date	Document Title	Document Type	Document	Status	Delete
09/26/2025	dd214-sample.pdf	DD-214	<a href="#">View Document</a>	Success	



**Note:**

- Select View Document to view the uploaded document.
- Select the **trashcan** icon to delete the uploaded document.

27. Select the **I accept the terms above and confirm signatures on the 8850 and 9061 Forms are on file** checkbox.

**ELECTRONIC SIGNATURE**

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant provided, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

It is the responsibility of the individual or agency submitting this form to provide proof of signature for any IRS or Department of Labor Audits.

As the employer or 3rd-party representative submitting this information, I certify that I will retain the hard-copies with original signatures in compliance with applicable federal and state record-retention guidelines. I further agree to provide this information to the State of Michigan, if requested, for auditing purposes.

I accept the terms above and confirm signatures on the 8850 and 9061 Forms are on file.

28. Select **Submit**.

I accept the terms above and confirm signatures on the 8850 and 9061 Forms are on file.

29. Select **Yes** on the *Submit Application* pop-up screen to submit the application.

**Submit Application** ✕

**"Are you Sure?" Yes will submit, No will not submit.**