

Louisiana Youth Jobs Tax Credit Employer Application

Louisiana Revised Statute 47:6028

Email completed applications to: YouthJobsCredit@La.gov during application period of March 1, 2022 to April 30, 2022.

PLEASE PRINT OR TYPE

Applicant Information (To be completed by the employer.)							
LA Revenue Account Number or SSN	FEIN	Date of Application	of Application (mm/dd/yyyy)				
Legal Name							
Trade Name							
Address							
City		State	ZIP				
Contact Person Name	Email Address	Phone N	Phone Number				
	1						

Complete the information below for each qualifying youth hired on or after July 1, 2021, that you employed for three consecutive months in 2021. 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, attach additional pages.

		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:
Total Number of Qualifying Employees and Total C	Credit Approved			

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:I.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	Telephone Number					
FOR OFFICIAL USE ONLY						
Total credit amount approved:	Date Application Received (mm/dd/yyyy)					
Signature of Department Representative	Date (mm/dd/yyyy)					



Louisiana Youth Jobs **Tax Credit Employee Certification**

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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			
Add	ress					
City				State	ZIP	
Det			Data Ulina di (<u> </u>	
Date	Date of Birth (mm/dd/yyyy) Age Date Hired		Date Hired (mn	nm/dd/yyyy)		
_						
	qualify your employer for this credit, you					
	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 t	he business listed above.				
	I am working in a full-time or part-time pos		uivalent to	the wa	ages paid for similar	
	jobs, with adjustments for experience and	training.				
On	e or more of the following criteria apply	at the date of hire (check all the	at apply):			
	I was at least 18 years old, no longer in s	chool, and do not have a high sc	hool diplom	a, HiS	SET 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 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.

Signature

Date (mm/dd/yyyy)