



# Smart Business Resource Center

## HIRING TAX CREDITS CALIFORNIA SHASTA-METRO ENTERPRISE ZONE (EZ)

Enterprise Zones were established in California to stimulate development and hiring in selected economically depressed areas and to make California more competitive.

If your business is located inside an Enterprise Zone, you may claim a **Hiring Tax Credit** for wages paid to qualified employees.

### Calculating the Credit

The hiring Tax Credit is based on the **lesser of the actual hourly wage paid or 150% of the minimum hourly wage established by the Industrial welfare commission.**

The chart below shows the actual percentage of wages paid that may be claimed as a credit.

Period of Employment	Credit (%) Allowed On Wages Paid
1st 12 months	50 %
2nd 12 months	40 %
3rd 12 months	30 %
4th 12 months	20 %
5th 12 months	10 %

### Claiming the Credit

Companies located within an Enterprise Zone can receive a Hiring Tax Credit Voucher for hiring individuals meeting certain eligibility qualifications. The eligibility criteria are noted on the following forms: [State of California Enterprise Zone Hiring Tax Credit Voucher Application](#)

### Procedure for Receiving the Voucher

1. Employee participation in this program is voluntary.
2. Have employee complete [Verification & Release of Information Agreement](#) (if applicable).
3. Forward the **Voucher Application, supporting documentation, Verification & Release of Information Agreement (if applicable), and your check\* in the amount of \$70 (for each submitted voucher request) to:**

Smart Business Resource Center  
 Attn: Bonnie Westlake  
 Enterprise Zone Coordinator  
 1201 Placer Street  
 Redding, CA 96001

**Make checks payable to the Smart Business Resource Center**

**Questions?**

**Call Bonnie Westlake at (530) 245-1519**



**STATE OF CALIFORNIA**  
**Enterprise Zone Hiring Tax Credit**  
**Voucher Application**

- - - Voucher Code
-----------------------

*Instructions:* Employers must use this form to obtain the voucher required by the State of California to claim the hiring credit available under the Enterprise Zone Program. To apply for the voucher, complete Sections I, II, and III below, and submit the form and the required documentation to the enterprise zone that corresponds to the location of the business.

**I. Employee Information**

Name \_\_\_\_\_ Social Security Number (Last 4 Digits): XXX-XX-\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Phone Number \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Hourly Wage \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date of Termination (if applicable) \_\_\_\_\_

The employee's position represents (check only one of the following):  a New Position or  a Previously-Existing Position

**II. Employer Information and Declaration**

Employer Name \_\_\_\_\_ Fed Tax ID Number \_\_\_\_\_

Address (within Zone) \_\_\_\_\_

Business Address (If different from Zone Address) \_\_\_\_\_

\_\_\_\_\_

Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Contact Email Address \_\_\_\_\_

Declaration:

*By submitting this voucher application, the employer declares that (1) the company is engaged in a trade or business within the enterprise zone, and, where applicable, (2) the company provided priority for employment to an individual who is enrolled in a qualified program under the federal Job Training Partnership Act or the Greater Avenues for Independence Act of 1985 or who is eligible as a member of a targeted group under the Work Opportunity Tax Credit, or its successor.*

**III. Eligibility Category**

Among other requirements, a Qualified Employee must meet one of the eligibility categories defined in either Sections 17053.74 or 23622.7 of the Revenue and Taxation Code and provide the documentation described in Section 8466 of the California Code of Regulations. From the following list, check (✓) the eligibility category (A-K) under which the employee qualifies:

- A. \_\_\_\_\_ **California Work Opportunity and Responsibility to Kids (CalWORKS)**
- B. \_\_\_\_\_ **Workforce Investment Act (WIA)** (enrolled/eligible for WIA Intensive Services or Core B)
- C. \_\_\_\_\_ **Work Opportunity Tax Credit (WOTC) or successor program**
- D. \_\_\_\_\_ **Economically disadvantaged individual 14 years of age or older** (Must attach the Income Verification Worksheet)
- E. \_\_\_\_\_ **Dislocated worker under one of the following categories: (Check all that apply)**
  - 1. \_\_\_ Terminated, laid off, received notice of termination or layoff, and eligible for or has exhausted unemployment benefits, and is unlikely to return to his or her previous industry or occupation
  - 2. \_\_\_ Plant, facility, or enterprise closure (Plant/Company Name \_\_\_\_\_)
  - 3. \_\_\_ Long-term unemployed and has limited opportunities for employment or reemployment
  - 4. \_\_\_ Formerly self-employed but now unemployed due to general economic conditions
  - 5. \_\_\_ Former Department of Defense civilian employee at a military installation
  - 6. \_\_\_ Active member of the armed forces or National Guard as of September 30, 1990
  - 7. \_\_\_ Seasonal unemployment
  - 8. \_\_\_ Clean Air Act compliance
- F. \_\_\_\_\_ **Disabled individual or service-connected disabled veteran**
- G. \_\_\_\_\_ **Vietnam Veteran or veteran recently separated**
- H. \_\_\_\_\_ **Ex-offender**
- I. \_\_\_\_\_ **Recipient of, or eligible for, Public Assistance (AFDC, SSI, Food Stamps)**
- J. \_\_\_\_\_ **Native American, Native Samoan, Native Hawaiian or member of another group of Native American descent**
- K. \_\_\_\_\_ **Targeted Employment Area (TEA) resident**



STATE OF CALIFORNIA  
Enterprise Zone Hiring Tax Credit  
Voucher Application

\_\_\_\_-\_\_\_\_-\_\_\_\_  
Voucher Code

**IV. Enterprise Zone Assessment**

Based on the information described in this eligibility application and the attached documentation, the Enterprise Zone takes the following action:

- Approves the issuance of a Voucher for the Hiring Tax Credit, in accordance with Sections 17053.74 and 23622.7 of the Revenue and Taxation Code, and Sections 8460-8467 of the California Code of Regulations, Title 25, based on the following eligibility category section (e.g., III.A., III.B., etc.) as described in Section III of this application:

\_\_\_\_\_  
*Section III reference*

- Denies the issuance of a Voucher for the Hiring Tax Credit due to one or more of the following causes:

- Employee does not qualify per Sections 17053.74 and 23622.7 of the Revenue and Taxation Code.

- Documentation submitted for the eligibility category of \_\_\_\_\_ is inadequate per Sections 8460-8467 of the California Code of Regulations, Title 25.

- Other (Specify) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name of Reviewer

Title

Date



**STATE OF CALIFORNIA**  
**Enterprise Zone Hiring Tax Credit**  
**Income Verification Worksheet**

**Instructions:** Employers must prepare this worksheet for each employee who qualifies under Section III.D. (*Economically disadvantaged individual*) of the Voucher Application and attach it to the application.

Eligibility for this category requires that (1) the employee meet the income limits in Table A, which must be completed by the local Enterprise Zone, and (2) the applicant and/or others provide all of the information and signature(s) requested in Tables B and C below. Complete Section IV only if the employee was self-employed or received no income within the 90 days preceding the employee's date of hire.

**I. Employee Information**

Name \_\_\_\_\_ Date of Hire \_\_\_\_\_

**II. Enterprise Zone Data**

*Enterprise Zone Administrator:* The local Enterprise Zone must complete Table A. To do this, staff for the Enterprise Zone should identify (1) the name of the county that is used to determine the income limit, and (2) the income limit for the corresponding family size based on the Department of Housing and Community Development's Official State Income Limits for the very-low income category available on its website at the following address:

<http://www.hcd.ca.gov/hpd/hrc/rep/state/incNote.html>

Because the incomes listed represent the annual limit, the Enterprise Zone should multiply the very-low income figure by 25 percent to approximate the 90-day income limit.

**Table A 7537.00**  
 Income Limits for Economically Disadvantaged

County: Shasta County						
Family Size	1	2	3	4	5	6
90-Day Income Limit	4887.00	5575.00	6275.00	6975.00	7112.00	8087.00

**III. Family Household Income**

*Employer:* In the following table, list each family member in the employee's household, including the employee, who is at least 14 years of age. For each member, identify (a) the family member's name, (b) the family member's relationship to the employee (e.g., self, parent or guardian, spouse, dependent child or sibling, or other), (c) the form of income verified (e.g., hourly wages, salary, public assistance, unemployment compensation, etc.), and (d) the amount of income earned within the 90 days preceding the employee's date of hire. If no income was earned, state "None."

**Table B**  
 Family Household Income

(a)	(b)	(c)	(d)
Family Household Member (Name)	Relationship to Employee	Form(s) of Income Verified	Amount of Income Earned Within Preceding 90 Days (\$)
<i>Employee</i>	<i>Self</i>		
Total Family Household Income=			\$





# Smart Business Resource Center

## CALIFORNIA SHASTA-METRO ENTERPRISE ZONE (EZ)

### Applicant to Read and Complete

(Please include with completed Voucher Application paperwork when applicable.)

### VERIFICATION & RELEASE OF INFORMATION AGREEMENT

I understand that any information gathered in the Voucher Application eligibility category will be subject to verification.

I so authorize any public or private agency to release to the **Smart Business Resource Center** information regarding my eligibility for State of California Shasta-Metro Enterprise Zone tax credits.

\_\_\_\_\_  
(Employee - Print Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Employee Signature)

SS# \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature  
(required if employee under 18)

**Smart Business Resource Center**  
1201 Placer Street  
Redding CA 96001  
www.shastasmart.com

**Attn: Bonnie Westlake**  
Phone (530) 245-1519  
Fax (530) 244-8006  
wbonnie@shastasmart.com

#### Office Use Only

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Shasta Metro E-Zone Hiring Tax Credit Eligibility & Documentation

**Reference: Barclays Official  
California Code of Regulations HCD  
Implemented 1/26/07**

(Smart Business Resource Center - Resources & Linkages - Shasta County Only)  
(Revised July, 2009 bw)

ELIGIBILITY FACTOR	ACCEPTABLE DOCUMENTATION
<p><b>A. Eligible/enrolled in the CalWORKs Program immediately preceding employment (90 days)</b></p>	<p>Signed Smart Center “Verification &amp; Release of Information Form” from new hire</p> <p style="text-align: center;">or</p> <p>a. Verification provided by Shasta County Dept of Social Services staff.</p>
	<p>Signed Smart WIA Application (May 2008 to current) and: RTW docs, Selective Service Verification (if applicable) or Smart Program Exit Form</p>
<p><b>B. WOTC (or WTW) Work Opportunity Tax Credit</b></p>	<p>EDD WOTC &amp; WTW Employer Certification DE 8727, copy of</p>
<p><b>C. Economically Disadvantaged/Income Individual 14 years of age or older</b></p>	<p>Must complete the <i>Income Verification Worksheet</i> provided with the State of California EZone Voucher Application packet</p>

ELIGIBILITY FACTOR	ACCEPTABLE DOCUMENTATION
<p><b>D. Dislocated Worker</b></p> <p><b>1. Terminated, laid off, received notice of termination or layoff, &amp; eligible for or has exhausted unemployment benefits, &amp; is unlikely to return to his previous industry or occupation.</b></p>	<p><b>Applicant to provide at least one item from each of subdivisions (1), (2), &amp; (3) below:</b></p> <p><b>(1) To document that an employee has been terminated, laid off, or received a notice of termination or layoff:</b></p> <p><b>(A) Copy of a termination notice or other company documentation of employee’s termination or layoff.</b></p> <p><b>(B) Employer or union rep letter identifying the employee’s termination date</b></p> <p><b>(C) Photocopy or printed media article or announcement, including the name and date of the publication, describing the layoff, along with a copy of the employee’s last payroll check prior to hire by the applicant.</b></p> <p><b>(D) Separation or Termination Report, or equivalent, signed by the employee’s former employer.</b></p> <p><b>(E) Document showing that the employee is eligible for or has exhausted entitlement to unemployment insurance benefits as specified in subdivision below.</b></p> <p><b>(2) To document that the employee is eligible for or has exhausted entitlement to unemployment insurance benefits:</b></p> <p><b>(A) Unemployment insurance records.</b></p> <p><b>(B) Statement by an Unemployment Insurance rep.</b></p> <p><b>(3) To demonstrate that the employee is unlikely to return to his or her previous industry or occupation.</b></p> <p><b>(A) Screen print of California Employment Development Department LMI Division screens that indicates limited opportunities for employment in the same or similar occupation such that the employee is unlikely to return to that occupation.</b></p> <p><b>(B) Doctor’s statement indicating employee’s inability to return to previous industry/ occupation due to physical limitations.</b></p> <p><b>(C) Vocational rehab counselor’s statement indicating the employee’s inability to return to previous industry/occupation due to physical limitations.</b></p> <p><b>(D) Other third-party documentation that demonstrates the unavailability of similar employment in the employee’s previous industry or profession.</b></p>

ELIGIBILITY FACTOR	ACCEPTABLE DOCUMENTATION
<p><b>E. Dislocated Worker</b></p> <p><b>2. To demonstrate that immediately preceding the commencement of employment with Applicant, an employee is a qualified employee as a dislocated worker due to plant, facility, or enterprise closure.</b></p>	<p><b>Applicant shall provide at least one item from each of subdivision (1) &amp; (2) below:</b></p> <p><b>(1) To document that there has been a permanent plant, facility, or enterprise closure or substantial lay off:</b></p> <p><b>(A) Bankruptcy docs, if declared under chap 7. Notice of Foreclosure or similar doc provided by financial institution when such doc clearly shows a closure or mass layoff will occur.</b></p> <p><b>(B) Copy of printed media article –announcement, include name and date of publication, describing the closure &amp; mass layoff.</b></p> <p><b>(C) Statement from employer or union rep.</b></p> <p><b>(D) Statement from the employer’s bank official, attorney, supplier, or accountant.</b></p> <p><b>(E) WARN notice</b></p> <p><b>(2) To document that an employee has been terminated, laid off, or received a notice of termination or layoff, the applicant shall provide one of the following docs verifying that the employee was employed at the plant, facility, or enterprise identified in above.</b></p> <p><b>(A) Copy of a notice of termination or layoff or other company documentation of employee’s termination.</b></p> <p><b>(B) Employer or union rep letter identifying the employee’s termination date.</b></p> <p><b>(C) Separation or termination report, or equivalent signed by the employee’s former employer.</b></p> <p><b>(D) Evidence that the employee is or was employed by the plant, facility, or enterprise identified in subdivision.</b></p> <p><b>(E) WARN Notice</b></p>

ELIGIBILITY FACTOR	ACCEPTABLE DOCUMENTATION
<p><b>E. Dislocated Worker</b></p> <p><b>3. To demonstrate that an employee is a qualified employee as a dislocated worker as long-term unemployed and has limited opportunities for employment or reemployment in the same or a similar occupation in the area in which the individual resides.</b></p>	<p><b>Applicant shall provide at least one item from each of subdivisions (1) &amp; (2) below:</b></p> <p><b>(1) To document that the employee is long-term unemployed, one of the following dated at least 15 weeks prior to commencement of employment with the applicant.</b></p> <p><b>(A) Proof of receipt of unemployment benefits for at least 15 weeks prior to commencement of employment or proof that UI benefits were exhausted.</b></p> <p><b>(B) UI Benefits verification (records)</b></p> <p><b>(C) UI award letter with claim history</b></p> <p><b>(D) Workers Investment Act (WIA) displaced workers unit verification.</b></p> <p><b>(E) Statement by UI rep.</b></p> <p><b>(F) Doc that qualifies the employee as a dislocated worker due to plant, facility, or enterprise closure, showing long-term unemployment for at least 15 prior to commencement of employment.</b></p> <p><b>(2) To document that there is limited opportunities for employment or reemployment in the same or similar occupation:</b></p> <p><b>(A) EDD LMI screen print that indicates limited opportunities for employment in the same or similar occupation.</b></p> <p><b>(B) Doctor’s statement indicating employee’s inability to return to previous industry/ occupation due to physical limitations.</b></p> <p><b>(C) Voc Rehab counselor’s statement indicating the employee’s inability to return to previous industry/occupation.</b></p> <p><b>(D) Other third party doc that demonstrates the unavailability of similar employment in the employee’s previous industry or occupation.</b></p>

ELIGIBILITY FACTOR	ACCEPTABLE DOCUMENTATION
<p><b>E. Dislocated Worker</b></p> <p><b>4. To demonstrate that immediately preceding employment an employee is a qualified as a dislocated former self-employed worker. Combination of the following documents or other documents sufficient to demonstrate that the employee was self-employed and unemployed prior to employment due to economic conditions in the community/or natural disaster:</b></p>	<p><b>(4) No longer self employed due to economic conditions or natural disaster, examples of support documentation:</b></p> <p><b>(A) Bankruptcy docs</b>  <b>(B) Business Lic or permit listing employee's name.</b>  <b>(C) Articles of incorp or docs of dissolution</b>  <b>(D) Prior's year's tax returns.</b></p>
<p><b>E. Dislocated Worker</b></p> <p><b>5. Former Department of Defense civilian employee at a military installation</b></p> <p><b>6. Active member of the armed forces or National Guard as of September 30, 1990</b></p> <p><b>7. Seasonal Unemployment</b></p> <p><b>8. Clean Air Act compliance</b></p>	<p><b>Reference Guide for acceptable documentation:</b>  <b>Barclays Official California Code of Regulations</b>  <b>Title 25. Housing &amp; Community Development (1/26/07)</b></p>

ELIGIBILITY FACTOR	ACCEPTABLE DOCUMENTATION
<p><b>F. Disabled Individual or Service-Connected Disabled Veteran</b></p>	<p><b>One of these:</b></p> <ul style="list-style-type: none"> <li>a. Voc Rehab Agency Contact</li> <li>b. Release/Program Completion Papers</li> <li>c. Letter from Rehab Counselor</li> <li>d. Physician’s statement</li> <li>e. Social Security disability records</li> <li>f. Social Service records/referral</li> <li>g. DD-214,</li> <li>h. Veterans Admin documentation</li> <li>i. Verification by State Veterans Agency</li> </ul>
<p><b>G. Vietnam Veteran or Recently Separated Veteran - within 4 years</b></p>	<p><b>One of these:</b></p> <ul style="list-style-type: none"> <li>a. DD 214 (copy of)</li> <li>b. Veterans Admin documentation</li> <li>c. Verification by State Veterans Agency</li> </ul>
<p><b>H. Ex-Offender</b>  An individual who has been convicted of a felony or a misdemeanor offense punishable by incarceration, but placed on probation by a state court without a finding of guilt. (Sentenced—“plea bargain” down to fine and/or probation. California Law definition for offense is punishable by incarceration—whether they serve or not). “Ex-offender” does not include an individual whose record has been expunged.</p>	<p><b>One of these:</b></p> <ul style="list-style-type: none"> <li>a. Letter of Parole</li> <li>b. Letter from Probation Officer</li> <li>c. Court Records</li> <li>d. Police Records</li> <li>e. Background check report signed by a licensed and/or certified (by California or federal law) background check business.</li> </ul>
<p><b>I. Recipient of, or eligible for, Public Assistance: AFCD, SSI, Food Stamps</b></p>	<p>Signed Smart Center “Verification &amp; Release of Information Form” from new hire  or  a. Verification provided by Shasta County Dept of Social Services staff.</p>
<p><b>J. Native American, Samoan, Hawaiian, or another Group of Native American descent</b></p>	<p><b>One of these:</b></p> <ul style="list-style-type: none"> <li>a. Tribal record document</li> <li>b. Bureau of Indian Affairs, CDIB card</li> <li>c. Documentation that the employee is Native American descent.</li> <li>d. Confirmation/verification from local Indian Rancheria healthcare services.</li> </ul>
<p><b>K. Targeted Employment Area (TEA) resident</b></p>	<p><b>One of these:</b></p> <ul style="list-style-type: none"> <li>a. W-4 and/or *I-9</li> <li>b. Driver’s License or State ID Card</li> <li>c. Landlord statement</li> <li>d. Lease or rental agreement</li> <li>e. Utility bill</li> </ul> <p>*Not mandatory for I-9 to be provided, but requested for support document to W-4 in case original W-4 has been replaced with employee updated W-4.</p>

# Shasta Metro E-Zone Hiring Tax Credit Eligibility & Documentation

Smart Business Resource Center - Resources & Linkages - Shasta County Only)

(Revised March, 2009 bw)

ELIGIBILITY FACTOR	ACCEPTABLE DOCUMENTATION
<p><b>Supplement for Income Eligible (Economically Disadvantaged)</b></p> <p><b>NOTE: Documentation should be provided for each applicable income</b></p>	<p><b>ALL that apply:</b></p> <ul style="list-style-type: none"><li>a. Pay Stubs</li><li>b. Public Assistance Records</li><li>c. Tax Records (most recent filed)</li><li>d. Compensation Records</li><li>e. Social Security Benefits</li><li>f. Alimony Agreement</li><li>g. Pension Statement</li><li>h. Veterans Benefits Records</li><li>i. UI printout</li><li>j. <u>Last Resort</u>: Detailed "Applicant Statement"</li></ul>

Any questions, give me a call at (530) 245-1519 or fax: (530) 244-8006

**Bonnie Westlake**  
Smart Business Resource Center

e-mail: [wbonnie@thesmartcenter.biz](mailto:wbonnie@thesmartcenter.biz)

Website: [www.thesmartcenter.biz](http://www.thesmartcenter.biz)

Targeted Employment Area (TEA) resident

**For employees hired during the Shasta Metro Enterprise Zone effective 11/6/2006 to 11/5/2021:**

The following census tracts are designated TEAs effective 11/6/2006:

101	102	103	104
105	107.01	109	112
113	116	117	120
121	122	123.01	125
127.01	127.02		

You can check if an employee's residence is in one of the above listed census tracts by going to the following website:

<http://www.ffiec.gov/Geocode/default.aspx>

Enter the address and the resulting report will include a Tract Code, which is the census tract. Please print that report page and submit with the voucher application.