



Work Opportunity Tax Credit (WOTC)
ETA Form 9198 Employer Representative Declaration

Part I. Authorized Representative(s)

Note: Form 9198 will not be honored for any purpose other than declaring Employer Representative(s) with the State Workforce Agency (SWA) for employer WOTC certification requests.

1. Employer Information. Employer must sign and date this form on page 2, Part II, Line 5.

Employer Name and Mailing Address: Cindy Lou 1235 Main Street City, State Zip (see attached list for additional locations)	Employer Tax Identification Number (EIN): 99-9999999
Employer's Firm/Company Name: ABC Packaging Company dba Frank's Mailing Service	Telephone Number: (803) 777-1234 Fax Number: (803) 777-1235 Email Address: HR@ABC-Packaging.com

The employer hereby appoints the following person(s) as authorized employer representative(s):

2. Representative(s). Representatives must sign and date the form on page 2, Part II, Line 6.

Note: SWAs must send notices and communications to two (2) designated Employer Representatives.

Last Name, First Name: Peter Griffin	Company Name: Consultants R US
Company Mailing Address: 4444 Midland Lane City, State Zip	Telephone Number: (803) 555-4567 Fax Number / Email Address: (803) 555-5678 / pgriffin@consultantsrus.com
Check if to be sent copies of Employer's WOTC notices and communications. -----▶ <input checked="" type="checkbox"/>	
Last Name, First Name: Susie Sample	Company Name: Consultants R US
Company Mailing Address: 4444 Midland Lane City, State Zip	Telephone Number: (803) 555-4568 Fax Number / Email Address: (803) 555-6789 / ssample@consultantsrus.com
Check if to be sent copies of Employer's WOTC notices and communications. -----▶ <input checked="" type="checkbox"/>	

to represent the employer for WOTC purposes and perform the following activities:

3. Acts Authorized. (You are required to acknowledge Line 3, Acts Authorized, with employer initials). I (employer) authorize my representative(s) to facilitate the WOTC certification request process on my behalf. My representative(s) shall have the authority to perform acts I can perform with respect to the WOTC certification process, described below.

- Complete and sign IRS Form 8850, *Pre-Screening Notice and Certification Request for the Work Opportunity Tax Credit*, on behalf of the employer;



- Submission of IRS Form 8850 and ETA Forms 9061/9062/9175 with supporting documentation to the appropriate SWA;
Submitting missing information or documentation that is necessary for a certification request;
Communicate directly with the SWA to provide updates or clarifying information regarding an employer's certification request;
Receiving copies of notices or communications related to an employer's certification request;
Substitute or add representative(s) within the same company.

Initial here to acknowledge acts authorized for representative(s). Employer Initials: C Lou
Year(s) or Period(s) (if applicable): June 1, 2024 - May 31, 2029

signed electronically authentication 00001476878

Note: The Employer Authorization designation of Year(s) or Period(s) cannot be retroactive from the signature date of the employer declaration in Part II. Employers may not specify years or periods that have ended, as of the date the Employer signs the authorization (Line 5). The Authorization period listed in Line 3, Acts Authorized, cannot exceed five (5) years and will automatically terminate on the applicable end date, unless revoked or withdrawn earlier by either party.

4. Retention/Revocation of Prior Authorization. The filing of this Employer Representative Declaration Form will not automatically revoke prior authorizations on file with the SWA for the same matters and years or periods covered by this form. If you want to revoke a prior authorization(s), check the box and attach a copy of any (prior) authorization(s) to be revoked.

YOU MUST ATTACH A COPY OF ANY EMPLOYER REPRESENTATIVE DECLARATION YOU WANT TO REVOKE.

Part II. Declaration of Employer and Representative(s) and Signatures

5. Employer Declaration and Signature. I certify I have the legal authority to execute this form as, or on behalf of, the Employer. If signed by an individual other than the Employer specified in Part I., indicate.

Cindy Lou signed electronically authentication 00001476879 June 1, 2024 Cindy Lou
Employer Signature Date Printed Name
Relationship to Employer: Self Other: Human Resources Director
(Signatory Title/Company Name):

6. Representative Declaration and Signature(s). Under penalties of perjury, by my signature below, I declare I am authorized to represent the Employer identified in Part I for the matter(s) specified there.

Peter Griffin signed electronically authentication 00001476880 June 3, 2024 Peter Griffin
Representative Signature Date Printed Name
Susie Sample signed electronically authentication 00001476881 June 3, 2024 Susie Sample
Representative Signature Date Printed Name

IF NOT COMPLETED, SIGNED, AND DATED, THIS AUTHORIZATION IS INVALID, AND THE SWA WILL RETURN THIS FORM TO THE EMPLOYER.

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