



**Louisiana Youth Jobs
Tax Credit Employer Application**

Louisiana Revised Statute 47:6028

Email completed applications to:
YouthJobsCredit@La.gov
during application period of
January 1 to February 28.

PLEASE PRINT OR TYPE

Applicant Information (To be completed by the employer)			
LA Revenue Account Number or SSN	Federal Employer Identification Number	Calendar Year of Application	Date of Application (mm/dd/yyyy)
Legal Name			
Trade Name			
Address			
City			State ZIP
Contact Person Name	Email Address		Phone Number

Complete the information below for each qualifying youth hired who completed three consecutive months of employment in the calendar year of application listed in the space provided above. 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, use Page 2.

Employee Name	Last 4 digits of SSN	Check* if Employed:		TO BE COMPLETED BY LDR Credit Amount Approved:
		Full-Time (32 hours per week)	Part -Time (20 hours per week)	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	
		<input type="checkbox"/>	<input type="checkbox"/>	

*By checking a box, you attest that the employee is working in a full-time or part-time position that pays wages that are equivalent to the wages paid for similar jobs, with adjustments for experience and training.

Louisiana Revised Statute 47:1517.1(B)(4) requires the 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	Title	Telephone Number
FOR OFFICIAL USE ONLY		
Total credit amount approved:		Date Application Received (mm/dd/yyyy)
Signature and Title of Department Representative		Date (mm/dd/yyyy)

