

## Alabama Apprenticeship Tax Credit Application-2020

### Mail completed application to:

#### Alabama Office of Apprenticeship

	1 Technology Court Montgo	mery, Alabama 36116
	Phone: 334.28	30.4414
Date of	this application (mm/dd/yyyy):/	_ Employer Federal EIN:
Name o	of Employer Applying for Tax Credit:	
Sponso	r Program Number:	
	ver Mailing Address:	
	State: Zip:	
	er Point of Contact:	
Job Titl	e:	
	Office Phone:	Cell Phone:
•	of 18 for 90 days of the qualified employme An employer can claim a tax credit for up to ten The credit can be applied against any income tax under Chapters 16 or 18 of Title 40.  The tax credit is not refundable, non-transferable The credit cannot be claimed for an individual apregardless of employer. The Alabama Office Of Apprevious employer(s).	rax credit for apprentices who are under the age on the period.  (10) apprentices annually.  It is or financial institution excise tax imposed  It is and cannot be carried forward.  It is poprentice for more than four calendar years,
* • • • • • • • • • • • • • • • • • • •	Must add apprentices on or after January 1, 201 Must apply for the tax credit annually by submit Application" (this form) to the Alabama Office o Must be actively participating in a registered application.	ting an "Alabama Apprenticeship Tax Credit f Apprenticeship.

Employer representative signature:

Must verify eligibility of each apprentice for which the credit is being claimed.

By signing this application, I attest that the information within is true and accurate to the best of my knowledge and that I am authorized to act on behalf of the identified employer in such matters.

Department of Labor



# Questions for determining eligibility of individual apprentice(s) for whom the employer wishes to claim a tax credit.

Use the questions below to ensure eligibility for <u>each</u> apprentice for whom you wish to claim a tax credit.

- 1. As of the date of this application, is this apprentice participating in an apprenticeship registered with the Alabama Office of Apprenticeship?
  - a. Yes (Proceed to #2)
  - b. No (Apprentice does not qualify for tax credit. Stop here.)
- 2. Does the apprentice's record in the RAPIDS database include a copy of the USDOL Program Registration and Apprenticeship Agreement (Appendix B) for this apprentice? (Only required if this is the first time you have requested a tax credit for this apprentice.)
  - a. Yes (Proceed to #3)
  - b. No, but I have previously claimed a tax credit for this apprentice. (Proceed to #3)
  - c. No, and this is the first time I am seeking a tax credit for this apprentice. (Apprentice does not qualify for tax credit. Stop here.)
- 3. As of the date of this application, has the apprentice completed at least 7 months of employment during calendar year 2020 with the employer seeking the tax credit?
  - a. Yes (Apprentice qualifies for tax credit.)
  - b. No (Apprentice does not qualify for tax credit. Stop here.)



#### Identify the specific apprentices for whom you are seeking a tax credit.

<b>Apprentice #1</b> RAPIDS ID Number:		First Name:	
Apprentice #2 RAPIDS ID Number:		First Name:	
Apprentice #3 RAPIDS ID Number:		First Name:	
Apprentice #4 RAPIDS ID Number:		First Name:	
Apprentice #5 RAPIDS ID Number:		First Name:	
Apprentice #6 RAPIDS ID Number:		First Name:	
Apprentice #7 RAPIDS ID Number:		First Name:	
Apprentice #8 RAPIDS ID Number:		First Name:	
Apprentice #9 RAPIDS ID Number:		First Name:	
Apprentice #10 RAPIDS ID Number: _		First Name:	