



Alabama Apprenticeship Tax Credit Application-2019

Mail completed application to:

Alabama Office of Apprenticeship

1 Technology Court Montgomery, Alabama 36116

Phone: 334.280.4414

Date of this application (mm/dd/yyyy): ____/____/____ Employer Federal EIN: _____

Name of Employer Applying for Tax Credit: _____

Sponsor Program Number: _____

Employer Mailing Address: _____

City: _____ State: _____ Zip: _____

Employer Point of Contact: _____

Job Title: _____

Email: _____ Office Phone: _____ Cell Phone: _____

General Information- Apprenticeship Tax Credit Program-2019

ABOUT THE PROGRAM:

- An employer is allowed up to a \$1,000 tax credit for each qualifying apprentice.
- An employer can claim a tax credit for up to five (5) apprentices annually, not to exceed \$5,000.
- The credit can be applied against any income tax or financial institution excise tax imposed under Chapters 16 or 18 of Title 40.
- The tax credit is not refundable, non-transferable, and cannot be carried forward.
- The credit cannot be claimed for an individual apprentice for more than four calendar years, regardless of employer. The Alabama Office Of Apprenticeship may verify previous credit(s) with previous employer(s).

TO BE ELIGIBLE FOR THE TAX CREDIT, THE EMPLOYER:

- Must add apprentices on or after January 1, 2017
- Must apply for the tax credit annually by submitting an "Alabama Apprenticeship Tax Credit Application" (this form) to the Alabama Office of Apprenticeship.
- Must be actively participating in a registered apprenticeship agreement with the U.S. Department of Labor
- 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.

Employer representative signature: _____

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 each 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 USDOL?
 - a. Yes (Proceed to #2)
 - b. **No (Apprentice does not qualify for tax credit. Stop here.)**
2. Have you attached to this application a signed 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 2019 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.

Apprentice #1

RAPIDS ID Number: _____ Last Name: _____ First Name: _____

Apprentice #2

RAPIDS ID Number: _____ Last Name: _____ First Name: _____

Apprentice #3

RAPIDS ID Number: _____ Last Name: _____ First Name: _____

Apprentice #4

RAPIDS ID Number: _____ Last Name: _____ First Name: _____

Apprentice #5

RAPIDS ID Number: _____ Last Name: _____ First Name: _____