



CITY OF PORTLAND BUSINESS LICENSE TAX CREDIT APPLICATION

| Business Name | Name of Contact Person |
|--|-------------------------------------|
| | |
| Telephone Number | Contact Person's Title |
| | |
| Business Address | |
| Street _____ | County _____ |
| City, State _____ | Zip Code _____ |
| Tax ID Number | Business License Tax Account Number |
| | |
| When is your business license tax due? | |
| | |

| Tax Credit Information | |
|---|---|
| <p>Please check which tax credit category for which you are applying (please check all that apply):</p> <p><input type="checkbox"/> Foster Youth Employment – hired a youth who is/was in the foster care system in state of Oregon</p> <p><input type="checkbox"/> Youth Career Readiness – career preparation activities including: work experience, internship or apprenticeship</p> <p><input type="checkbox"/> Youth Career Readiness – career exploration activities including: job shadow, informational or mock interviews, career mentoring and community-based projects.</p> <p><input type="checkbox"/> Youth Career Readiness – career awareness activities including: workplace tours, field trips, career and job fairs and guest speakers</p> | |
| Complete for the Foster Youth Credit | Complete for Youth Career Readiness Credit |
| Youth's Name: _____ Hire date: _____ Total hours worked during this tax period: _____ | What school or organization did you work with to support youth career readiness? _____ Name of school/organization contact person, phone number and email: _____ Please check one box: <input type="checkbox"/> In-kind value of \$5,000 <input type="checkbox"/> Direct cost of \$2,500 |

| Applicant Statement | |
|---|--|
| <p>My signature below indicates that I certify the information on this application is true to the best of my knowledge. I understand that completion of this application is the first step in determining eligibility for Business License Tax Credit(s) and completion of this application does not guarantee that I will receive a tax credit.</p> | |
| _____ Applicant Signature | _____ / _____ / _____ Month Day Year |

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Please contact Reese Lord with questions: 503.478.7340 or rlord@worksystems.org

Send completed form to:

Worksystems Inc

Attn: Reese Lord

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