## Work Opportunity Tax Credit Program NOTICE OF REVOCATION (NOR)

(Sample Revocation Notice to be sent to Employer and IRS – Return Receipt Requested)

Emp	oloyer's Name:	
-	oloyer Identification Number (EIN):	
	TC Certified Employee's Name:bloyee's Social Security Number (SSN):	
Emp	oloyee's Address:	(Enter last four digits of employee's SSN)
eligi	Enter date of certification) bility criteria requirements of the(Ent	entified above was certified as meeting the  targeted group for ter targeted group name) ander Section 51 of the Internal Revenue Code.
revo qual	ked. Wages paid by you to the individual	on was incorrect. Accordingly, the certification is after you receive this Notice cannot be treated as therefore not eligible for the tax credit. A copy of the Service.
——(Aut	thorized SWA Official's Signature)	(Date)
cc:	Internal Revenue Service	
	Participating Agency Address SWA File	

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