***WORKFORCE INNOVATION AND OPPORTUNITY ACT***

**CLOSEOUT TAX CERTIFICATION**

(Use only for a full subgrant closeout)

 Subrecipient’s Name

 Employer ID Number

In the performance of Subgrant Number       ,

I certify that I have complied with the requirements of the law, and the Central Office Workforce Services Division, Employment Development Department, State of California, regarding the obtaining of employer identification/account numbers, collection, payment, deposit, and reporting of federal, state and local taxes and the provision of W-2 forms to employees who are not now my employees. For present employees, formerly under the award, W-2 forms will be required as per the California Employers Guide. Information on W-2 form reporting requirements is contained in Internal Revenue Service publication, “Employer’s Tax Guide,” (Publication 15, Circular E).

IN WITNESS WHEREOF, this certification has been executed this       day of

\_\_\_\_\_\_\_\_\_ , 20     .

Subrecipient’s Authorized Representative

Name (please print)

Signature

Title