

FFY 1998 WtW Grant Closeout Tax Certification Statement

In the performance of the FFY 1998 Welfare to Work Grant, I certify that I have complied with the requirements of the law and the State Administration, State of New York, 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/enrollees who are not now my employees. For present employees/enrollees, formerly employed under this grant agreement, W-2 forms will be furnished as specified in Circular E, Employers' Tax Guide.

Name of Grantee: _____

Address: _____

Employer's State Identification Number: _____

Date: _____