

# Form 9261 JDA Rate Reduction

## State of Rhode Island and Providence Plantations Division of Taxation Jobs Development Act Rate Reduction

NAME OF ELIGIBLE COMPANY		
ADDRESS		
CITY	STATE	ZIP CODE
FEDERAL IDENTIFICATION NUMBER		

NAME OF ELIGIBLE SUBSIDIARY		
ADDRESS		
CITY	STATE	ZIP CODE
FEDERAL IDENTIFICATION NUMBER		

- IF A SUBSIDIARY FILING ON ITS OWN HAS A DIFFERENT FISCAL YEAR THAN ITS PARENT AND IS USING THE PARENT'S CALCULATED RATE REDUCTION, IT MAY ONLY USE THAT REDUCTION IF THE SUBSIDIARY'S FISCAL YEAR IS SUBSEQUENT TO THAT OF THE PARENT.
- IF THE REDUCTION IS FOR A SUBSIDIARY, IT IS NECESSARY TO COMPLETE BOTH OF THE ABOVE SECTIONS.
- ATTACH THIS FORM TO YOUR RI-1120C.

### Rate Reduction Calculation

1. Adjusted Current Employment - Year Ending .....	1.		
2. Measurement Ending Date - .....	2.		
3. NEW EMPLOYMENT - Subtract Line 2 from Line 1 .....			3.
<b>Units of New Employment</b>	4. a. For Small Business Concerns (Base Employment Level of Less than 100 FTEs) - Divide Line 3 by 10. (Round <u>down</u> to nearest whole number)	4a.	
	4. b. All Others - Divide Line 3 by 50 - (Round <u>down</u> to nearest whole number)	4b.	
5. RATE REDUCTION - Line 4a or Line 4b times .0025 .....			5.
6. Adjusted Income Tax Rate - 9% (0.0900) less Line 5 .....			6.
7. Rhode Island Adjusted Taxable Income from RI-1120, Line 12 .....			7.
8. Tax at Rhode Island Rate of 9% - Multiple Line 7 by .0900 .....	8.		
9. Tax at Reduced Rate - Multiply Line 7 by Rate on Line 6 .....	9.		
10. Rate Reduction Tax Credit Amount - Subtract Line 9 from Line 8 - Enter the amount here and on RI-1120C, Schedule D, Line 14J .....			10.

**CERTIFICATION: This certification must be executed or the return must be sworn before some person authorized to administer oaths.**

Under penalties of perjury, I hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

Date \_\_\_\_\_ Signature of authorized officer \_\_\_\_\_ Title \_\_\_\_\_

Date \_\_\_\_\_ Signature of preparer \_\_\_\_\_ Address of preparer \_\_\_\_\_

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES  NO  \_\_\_\_\_  
Phone number \_\_\_\_\_

MAILING ADDRESS: RHODE ISLAND DIVISION OF TAXATION, ONE CAPITOL HILL, PROVIDENCE, RI 02908-5807