Form 9261A
Annual Report

State of Rhode Island and Providence Plantations
Division of Taxation
Jobs Development Act Rate Reduction Annual Report
Due September 1, 2011

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

BASE EMPLOYMENT LEVEL	NUMBER OF FULL TIME EQUIVALENT ACTIVE EMPLOYEES
BASE EMPLOYMENT DATE	QUALIFYING DATE

* * * **ALL INFORMATION IS REQUIRED FOR ALL EMPLOYEES** * * *

New Full Time Equivalent Active Employee (Y)	Employee Name	Social Security Number	Date of Hire	Termination Date (if applicable)	Hourly Wage as of 7/1/2011	Hours Worked Per Week Within Rhode Island	Health Insurance Y/N	Pension Benefits Y/N

If additional space is needed, please attach a separate sheet(s) with the additional information.

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete .

Signature of authorized officer _____ Date _____ Signature of preparer _____ Date _____

Title _____ MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES NO Telephone Number _____

06/2011 **MAILING ADDRESS: DONNA DUBE, RHODE ISLAND DIVISION OF TAXATION, FORMS, CREDITS & INCENTIVES SECTION, ONE CAPITOL HILL, PROVIDENCE, RI 02908**