Form 9261A
Annual Report

State of Rhode Island and Providence Plantations
Division of Taxation
Jobs Development Act Rate Reduction - Annual Report
Due September 1, 2012

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
TOTAL PAYROLL - JULY 1, 2011 - JUNE 30, 2012	

* * * **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 7/1/2012	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? ☐ ☐ | Telephone Number

07/2012 **MAILING ADDRESS: DONNA DUBE, RHODE ISLAND DIVISION OF TAXATION, FORMS, CREDITS & INCENTIVES SECTION, ONE CAPITOL HILL, PROVIDENCE, RI 02908**