# Form 9261A
## Annual Report

## State of Rhode Island and Providence Plantations
### Division of Taxation
### Jobs Development Act Rate Reduction - Annual Report
### Due September 1, 2015

| 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, 2014 - JUNE 30, 2015 | |

* * * **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 7/1/2015 | 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? Y ☐ N ☐

Telephone Number _____

07/2015 **MAILING ADDRESS: DONNA DUBE, RHODE ISLAND DIVISION OF TAXATION, FORMS, CREDITS & INCENTIVES SECTION, ONE CAPITOL HILL, PROVIDENCE, RI 02908**