Form ZN02A
Annual Report

State of Rhode Island and Providence Plantations
Division of Taxation
Distressed Areas Economic Revitalization Act - Enterprise Zones - Annual Employee Report
Due September 1, 2015

NAME OF ENTITY	
ADDRESS	
CITY	STATE
FEDERAL IDENTIFICATION NUMBER	

TOTAL NUMBER OF EMPLOYEES	
TOTAL PAYROLL - JULY 1, 2014 - JUNE 30, 2015	

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

Indicate Employee Type: Full time, Part time or Seasonal Employee	Employee Name	Social Security Number	Date of Hire	Hourly Wage as of 7/1/2015	Hours Worked Per Week Within Rhode Island	City/Town of Employee's Residence	City/Town of Employee's Workplace	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 _____

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