Form 4264A
Annual Report

State of Rhode Island and Providence Plantations
Division of Taxation
Rhode Island Economic Development Corporation Project Status - Annual Employee Report
Due September 1, 2016

ENTITY NAME	
ADDRESS	
CITY	STATE
FEDERAL IDENTIFICATION NUMBER	

TOTAL NUMBER OF EMPLOYEES	
TOTAL PAYROLL - JULY 1, 2015 - JUNE 30, 2016	

* * * **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 7/1/2016	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 _____

07/2016 **MAILING ADDRESS: DONNA DUBE, RHODE ISLAND DIVISION OF TAXATION, FORMS, CREDITS & INCENTIVES SECTION, ONE CAPITOL HILL, PROVIDENCE, RI 02908**

Instructions for Form 4264A
Rhode Island Economic Development Corporation Project Status
Annual Employee Report

Due September 1, 2016

Complete all informational lines at the top of the form, including name, address, city, state and ZIP code, and federal identification number.

In addition, please provide your total number of employees and your total payroll for the period of July 1, 2015 through June 30, 2016.

In the first column, please indicate if the employee is a full time employee, a part time employee or a seasonal employee.

In the space provided, or on a separate sheet(s), provide the following information for each employee: name, **full social security number**, date of hire, hourly wage as of July 1, 2016 and the number of hours worked per week within the State of Rhode Island by the employee.

In the last two columns, please indicate with either a yes or no, whether or not health insurance benefits and/or pension benefits are offered to the employee.

All information is required for all company employees working in Rhode Island locations.

This form must be filed by September 1, annually.

This Annual Report is being sent as a guide. A fillable version can be found online. You may either complete the fillable version on-line, print it out and send it in, or send the report as an Excel spreadsheet via CD-ROM, DVD, or email, or send it as a txt (csv) file (be sure to send in the file format). Regardless of format, the report must contain all required information as shown on the Annual Report form.

A fillable version of this form is available online at: www.tax.ri.gov/taxforms/misc.php#reporting .

All Annual Reports, regardless of format, shall be submitted to Donna Dube by either:

mail: Rhode Island Division of Taxation
Forms, Credits & Incentives Section
One Capitol Hill
Providence, RI 02908
Attn: Donna Dube

or email: Donna.Dube@tax.ri.gov

Pursuant to RIGL 42-64-10, all companies receiving project status shall file an annual report with the tax administrator containing information on each employee as deemed necessary by the tax administrator.

Important Definitions:

"Health Insurance Benefits" means any health insurance plan offered by the eligible company to its employees regardless of whether or not the employee takes advantage of the plan.

"Retirement Benefits" means any retirement plan offered by the eligible company to its employees regardless of whether or not the employee takes advantage of the plan. This could be in the form of a SEP, a SIMPLE, a 401K plan, a profit sharing plan, a defined benefit plan, a deferred compensation plan or any qualified employer plan.

NOTE: An employee who is required to complete a reasonable probationary period to be eligible for healthcare or retirement benefits is deemed to have "earned" those benefits from day one of their employment.