Form 9261A
Annual Report

State of Rhode Island
Division of Taxation
Jobs Development Act Rate Reduction - Annual Report
Due September 1, 2020

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, 2019 - JUNE 30, 2020	

* * * **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 7/1/2020	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 _____

07/2020 **MAILING ADDRESS: DONNA DUBE, RHODE ISLAND DIVISION OF TAXATION, FORMS, CREDITS & INCENTIVES SECTION, ONE CAPITOL HILL, PROVIDENCE, RI 02908**

Instructions for Form 9261A - Jobs Development Act Rate Reduction Annual Report

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 base employment level and base employment date, your active employment level and qualifying date, and your total payroll for the period of July 1, 2019 through June 30, 2020.

In the first column, please indicate with a yes if this is the first year the employee qualifies as a new full time equivalent active employee.

In the space provided, or on a separate sheet(s), provide the following information for each full-time equivalent active employee: name, **full social security number**, date of hire, termination date (if employee no longer works for the company, enter date the employee left), hourly wage as of July 1, 2020, 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 employees.

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; send the report as an Excel spreadsheet or a txt (csv) file (be sure to send in the file format) via CD-ROM or DVD; or you may send the file via secure ftp. In order to file via secure ftp, send an email to Tax.Credits@tax.ri.gov. You will then be sent an email containing the secure link.
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: Tax.Credits@tax.ri.gov

Pursuant to RIGL 42-64.5-8, all eligible companies qualifying for a rate reduction pursuant to § 42-64.5-3 shall file an annual report with the tax administrator containing each full-time equivalent active employee's information as deemed necessary by the tax administrator.

Important Definitions:

"Base employment" means, except as otherwise provided in § 42-64.5-7, the aggregate number of full-time equivalent active employees employed within the State by an eligible company and its eligible subsidiaries on July 1, 1994, or at the election of the eligible company, on an alternative date as provided by § 42-64.5-5. In the case of a manufacturing company which is ruined by disaster, the aggregate number of full-time equivalent active employees employed at the destroyed facility would be zero, under which circumstance the base employment date shall be July 1 of the calendar year in which the disaster occurred. Only one base employment period can be elected for purposes of a rate reduction by an eligible company.

"Full-time Equivalent Active Employee - Eligible Company Qualifying for the Jobs Development Act Rate Reduction on or after July 1, 2009" means any employee of an eligible company who:

1) Works a minimum of thirty (30) hours per week within the state;
2) Earns healthcare insurance benefits
3) Earns retirement benefits
4) Earns no less than two hundred fifty percent (250%) of the hourly minimum wage prescribed by Rhode Island law at the later of:
   a: The time the employee was first treated as a full-time equivalent active employee during a tax year that the eligible company qualified for a rate reduction pursuant to section 42-64.5-3; or
   b: The time the employee first earned at least two hundred fifty percent (250%) of the hourly minimum wage prescribed by Rhode Island law as an employee of the eligible company.

"Full-time Equivalent Active Employee - Existing Eligible Company Qualifying for the Jobs Development Act Rate Reduction prior to July 1, 2009" means any **new** employee who replaces an existing "full-time equivalent active employee" of an eligible company and who:

1) Works a minimum of thirty (30) hours per week within the state;
2) Earns healthcare insurance benefits
3) Earns retirement benefits
4) Earns no less than one hundred fifty percent (150%) of the hourly minimum wage prescribed by Rhode Island law at the later of:
   a: The time the employee was first treated as a full-time equivalent active employee during a tax year that the eligible company qualified for a rate reduction pursuant to RIGL § 42-64.5-3; or
   b: The time the employee first earned at least one hundred fifty percent (150%) of the hourly minimum wage prescribed by Rhode Island law as an employee of the eligible company.

"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.

"Qualifying Date" means the date the eligible company qualified for the Jobs Development Act Rate Reduction under RIGL § 42-64.5.

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.