Department of Labor and Training

1511 Pontiac Avenue, Cranston, RI 02920

Rhode Island 10% Investment Tax Credit Certification Form

Name of Person Requesting Certification:	Date:
Address:	Tax Year: 2002
Fax Number: Phone Number:	
Name & Address of Company to be Certified:	
Federal Identification Number:	SIC Code:
Signature of Employer Representative:	
Employers* may qualify for the 10% Investment Tax Credit by meeting one of the following three criteria:	
The employer's median annual wage paid to its full-time equivalent employees must be greater than the average annual wage paid by all employers in the state in the same two-digit SIC Code. or	
2) The employer's median annual wage paid to its full-time equivalent employees is greater than or equal to 125 percent of the average annual wage paid by all employers in the state. (\$41,469 from 7/1/02 thru 6/30/03 and \$42,870 from 7/1/03 thru 6/30/04) or	
employees classified as production workers (as de	innual wage paid to the employer's full-time equivalent if ined by the Department of Labor and Training) is greater on workers in the state in the same two-digit SIC Code.
Median Annual Wage Paid by Employer to its full-time equivalent employees: (For Options 1 or 2 only)	Average Annual Wage Paid by Employer to its full-time equivalent production employees: (For Option 3 only)
Based on the information provided above, the Department of Labor and Training has determined that this company meets the wage requirements under option to qualify for the RI 10% Investment Tax Credit under section 44-31-1 of the General Laws. Dept of Labor & Training's endorsed document must be included with the applicable filed Income Tax Return.	
Department Representative: Date of Certification:	
are eligible for the 10% Investment Tax Cr	strial Classification (SIC) codes or equivalent NAICS code redit 20-39,50-51,60-67, 73,76,781,80-82,87,89. mentation as they may be subject to verification by the

This certification is for the RI 10% Investment Tax Credit, as only a "qualified taxpayer", under Section 44-31-1 of the RI General Laws.

RI Division of Taxation. You may submit this form by mail, or fax it to the LMI Unit at (401) 462-8766.