Form 8201A
Annual Report

State of Rhode Island and Providence Plantations
Division of Taxation
Motion Picture Production Company Tax Credits - Annual Employee Report
Due September 1, 2018

ENTITY NAME	
ADDRESS	
CITY	STATE
FEDERAL IDENTIFICATION NUMBER	

TOTAL NUMBER OF EMPLOYEES	
TOTAL PAYROLL - JULY 1, 2017 - JUNE 30, 2018	

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

Indicate Employe Type:Full time, Part time or Seasonal Employee	Employee Name	Social Security Number	Date of Hire	Hourly Wage as of 7/1/2018	Hours Worked Per Week Within Rhode Island	Employee's State of Residency	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 _____

07/2018 **MAILING ADDRESS: DONNA DUBE, RHODE ISLAND DIVISION OF TAXATION, FORMS, CREDITS & INCENTIVES SECTION, ONE CAPITOL HILL, PROVIDENCE, RI 02908**