Vermont Economic Advancement Tax Incentives Schedule BA-405



PRINT in BLUE or BLACK INK

- Schedule BA-405 must be filed with the Vermont Business, Corporate, or Individual Income Tax Return for 6 years following the end of the EATI authorization period. For example, if the Vermont Economic Progress Council (VEPC) authorized an award from Jan. 1, 2000, through Dec. 31, 2004, Schedule BA-405 must be filed with all tax returns from 2005 through 2010.
- Send a duplicate of this form to: Vermont Economic Progress Council, National Life Building, Drawer 20, Montpelier, VT 05620-0501.

Entity Tax Year Beginning (YYYYMMDD)		Entity Tax Year Ending (YYYYMMDD)		Entity primary 6-digit North American Industrial Classification System (NAICS) Number			
Entity Name					FEIN		
Mailing Address			City or Town		State	ZIP Code	
Contact Person Name	Title		Phone Number	Fax Number		Email	
Location of Project (Street Address or Description)							

Full-Time Employment Levels in Vermont

5454

Report the average number of full-time employees in Vermont for each quarter of the tax year. For purposes of this form, a full-time employee is defined as an employee who works no less than 37 hours each week.

	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
1a. Period covered (Months & Year)				
1b. Number of full-time Vermont Employees				

2.	Report average annual full-time Vermont employment for this tax year (average of the four quarters above)	2	.00
За.	During the first six years after the beginning of the EATI authorization, what was the highest average annual full-time Vermont employment, using the same calculation method as above?	За	.00
4.	3b. In which tax year did this occur? What was the lowest number of full-time employees in Vermont for any period of 120 consecutive days that ended during this year?	3b	.00
		4	.00

If Line 4 is less than 75% of Line 3a, you must notify the Vermont Economic Progress Council within 60 days of the period of 120 consecutive days, and report the recapture on the Vermont Income Tax Return for the tax year in which the period of 120 consecutive days occurred. Refer to 32 V.S.A. § 5930h for details.

Under penalties of perjury, I declare this report and all documents attached in support of this report, are true, correct, and complete to the best of my knowledge and belief.

Entity Officer Signature	Title	Date (MMDDYY)
Signature of Responsible Officer	Phone	Email