



Aircraft Manufacturer New Employee Credit Progress Report

Taxpayer/Company Name						Information is for tax year ending (MM/YYYY) ?							
Business Address													
City										State		Zip	
Aviation Development Zone/ Airport Name													
<input type="checkbox"/> Check here if a progress report has been filed for this facility in a prior year.						Business Phone Number ()							
Did this facility relocate from another Colorado location? <input type="checkbox"/> Yes <input type="checkbox"/> No						Date this facility began operations (MM/DD/YY) ?							
Chief Officer Last Name (Only if taxpayer is a C corporation)				Chief Officer First Name					Middle Initial				
Credit Computation													
Month	a	b	c	d	e	f	g	h	i	j	k	l	
Number of employees at the end of the month													
											Total	m	
1. Average number of aviation zone employees for year, line m divided by 12													
2. Prior employee base for computing the credit													
3. New aviation zone employees, line 1 minus line 2													
4. Credit per new aviation zone employee											\$	1,200	00
5. Aircraft manufacturer new employee credit, line 3 times line 4											\$		00
6. Average annual compensation, including benefits, paid to the full time employees employed at this facility during the current year.											\$		00
7. Average number of aviation employees at this facility during the prior year.													
8. Has the taxpayer reduced employment at any other site in Colorado that is controlled by the aircraft manufacturer?													
<input type="checkbox"/> Yes <input type="checkbox"/> No													
If yes, check all of the following that caused the reduction:													
<input type="checkbox"/> Automation <input type="checkbox"/> Acquisition <input type="checkbox"/> Merger <input type="checkbox"/> Corporate Restructuring <input type="checkbox"/> Other													
If other, please specify:													
Taxpayer Signature													
I declare that all the above information is true and correct to the best of my knowledge and belief.													
Print Last Name				Last Name					Middle Initial		Date (MM/DD/YY) ?		
Signature of Chief Officer/ Owner								Title					
See instructions on page 2 for required attachment and mailing information.													

Instructions

Form DR 0085 must be completed by any aircraft manufacturer that claims the aircraft manufacturer new employee income tax credit. This report is public record and copies will be available from the Office of Economic Development and International Trade for five years from the due date of the report.

The report is due within 90 days of the end of the tax year and must be filed prior to the filing of an income tax return that claims the reported tax credit. This report must be filed with both the Office of Economic Development and International Trade and the Colorado Department of Revenue.

Attachments

Payroll or other data to verify the number of full-time employees reported on this form and for the prior two years must be attached to the form when submitted. Do not include any information that reveals the amount of compensation paid to any individual employee or social security numbers.

S corporations, partnerships and other pass-through entities must attach Form DR 0086 to the report filed with the Department of Revenue to identify all shareholders, partners or members and the amount of the credit allocated to each. The information included on the DR 0086 is not public record and will not be released with copies of this progress report.

Information

See FYI Income 62 at www.TaxColorado.com for additional information regarding the tax credit and the filing of this report.

Colorado Department of Revenue

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