Schedule BA-405

Economic Advancement Tax Incentives (EATI)

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 January 1, 2000, through December 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 Name (Principal Vermont Corporation)			FEIN		Primary 6-digit NAICS number	
Address			Tax year BEG	IN date (YYYYMMDD)	Tax year END date (YYYYMMDD	
Address (Line 2)			Contact Perso	on Name	Title	
City	State	ZIP Code	Telephone Nu	mber	Fax Number	
ign Country			Email Address	Email Address		
Location of Project (Street Address or Other Description)						
ull-Time Employment Levels in Vermo		ont for each gua	irter of the tax year	For nurnoses of the	his form a full-time employ	
efined as an employee who works no less that	an 37 ho	urs each week.				
	1st	Quarter	2nd Quarter	3rd Quar	ter 4th Quarter	
1a. Period covered (Months & Year)						
1b. Number of full-time Vermont employees						
2. Report average annual full-time Vermont em (average of the four quarters above)	ployment	t for this tax year	.	2.		
 During the first six years after the beginning annual full-time Vermont employment, using 	of the EA the same	ATI authorization e calculation met	, what was the higher hod as above?	est average		
3b. In which tax year did this occur?				3b.		
4. What was the lowest number of full-time em that ended during this tax year?	ployees ii	n Vermont for an	y period of 120 con	secutive days		
If Line 4 is less than 75% of Line 3a,	vou mu	et notify the V	ermont Economi	ic Progress Cour	icil within 60 days of the	
perod of 120 consecutive days. You al						
tax year in which the peroid of 120 co	nsecutiv	e days occur	red. Refer to Ver	mont law at 32 V.	S.A. § 5930h for details.	
ignature						
Under penalties of perjury, I declare this to the best of my knowledge and belief.	report an	d all documents	attached in support	of this report, are tru	e, correct, and complete	
Signature of Responsible Officer			Title		Date	
Printed Name	Telepho	ne Number	Email Address	s (optional)		

Schedule BA-405 5 4 5 4 Rev. 10/19