



ECONOMIC DEVELOPMENT COMMISSION ANNUAL REPORT

Fiscal/Calendar Year Ending _____

Company Name: _____

Gross Sales (Ineligible Sales) & Eligible for Tax Benefits..... (\$ _____) \$ _____
 Other Income (Ineligible) & Eligible for Tax Benefits..... (\$ _____) \$ _____
 Gross Wages Paid in the V.I. (Include vacation & sick pay, bonuses, overtime, etc.)..... \$ _____
 Average No. of Employees; Full Time & (Part Time/Other)..... (_____)
 Average No. of Residents; Full Time & (Part Time/Other)..... (_____)
 Average No. of Non-Residents; Full Time & (Part Time/Other).... (_____)
 Other Employee Costs (Unemployment & health insurance, pension, allowance, etc.).....\$ _____
 Employee Income Taxes Paid and Withheld..... \$ _____

TAXES AND DUTIES (Provide dollar amount paid, and value of exemption/refund for each tax)

Gross Receipts:	Amount Paid	\$ _____
	Dollar Value of Exemption	\$ _____
Real Property Tax:	Amount Paid	\$ _____
	Dollar Value of Exemption	\$ _____
Excise Taxes:	Total Paid	\$ _____
	Dollar Value of Exemption/Refund	\$ _____
Income Taxes:	Total Paid	\$ _____
	Dollar Value of Exemption/Refund	\$ _____
Customs Duties:	Total Paid	\$ _____
	Dollar Value of Exemption/Refund	\$ _____
Other:	Hotel room taxes paid	\$ _____
	Other Taxes, Fee Paid to V.I. Government	\$ _____
TOTAL TAXES PAID:		\$ _____
TOTAL VALUE OF EXEMPTIONS AND OR REFUNDS:		\$ _____

EXPENDITURES FOR GOODS, SERVICES, PLANT & EQUIPMENT

	Eligible Suppliers	V.I. Suppliers	Non-Local	Totals
Goods and Services:				
Raw materials, components	_____	_____	_____	_____
Food, beverage	_____	_____	_____	_____
Freight Charges	_____	_____	_____	_____
Insurance	_____	_____	_____	_____
Legal / Accounting	_____	_____	_____	_____
Advertising / Promotion	_____	_____	_____	_____
Utilities (tel., water, elect. etc.)	_____	_____	_____	_____
Interest & Other Bank Chg.	_____	_____	_____	_____
Supplies	_____	_____	_____	_____
Repairs/Maintenance	_____	_____	_____	_____
Other (List Separately)	_____	_____	_____	_____
Subtotal, Goods and Svcs:	_____	_____	_____	_____
Capital Expenditures:				
Building & Improvements	_____	_____	_____	_____
Leasehold Improvements	_____	_____	_____	_____
Machinery / Equipment	_____	_____	_____	_____
Furniture / Fixtures	_____	_____	_____	_____
Vehicles	_____	_____	_____	_____
Other (List Separately)	_____	_____	_____	_____
Subtotal, Capital Expend:	_____	_____	_____	_____
GRAND TOTALS	_____	_____	_____	_____

CUMULATIVE CAPITAL EXPENDITURE UNDER EDC CERTIFICATE _____

Name/Signature of Preparer: _____ **Date:** _____
 (Signature)

_____ **Telephone Number:** () _____
 (Print Name)

Note: See Instructions regarding supporting appendixes, or documents to be submitted with EDC Annual Report