

Company Name: _____

Reporting Period: _____

Income (Please add additional categories of income as necessary; attach sheet if needed). Please submit income tax return or audited financial statements and perform the reconciliation below:

	Eligible for tax benefits (A)	Ineligible for tax benefits** (B)	Total (A)+(B)	Balance per tax return / audited financial stmt	Difference	Explanation
Gross Receipts or Sales	_____	_____	0	_____	0	_____
Other Income	_____	_____	0	_____	0	_____
Interest Income	_____	_____	0	_____	0	_____
Dividend Income	_____	_____	0	_____	0	_____
Rental Income	_____	_____	0	_____	0	_____
Other Taxable Income (capital gains, etc.)	_____	_____	0	_____	0	_____
**Income derived from sources other than that specified on VIEDC Certificate	0	0	0	0	0	_____
Total	_____	_____	_____	_____	_____	_____

Source document needed

Gross Wages Paid in the V.I. (Include vacation & sick pay, bonuses, overtime, etc.)

Please submit the form W355

Average No. of Employees: Full Time

Average No. of Employees: (Part Time/Other)

Average No. of Residents; Full Time

Average No. of Residents; Part Time/Other

Average No. of Non-Residents; Full Time

Average No. of Non-Residents; Part Time/Other

Other Employee Costs (Unemployment & health insurance, pension, allowance, etc.)

Please provide breakdown of what is included in other employee cost and where each item is located on the Income Tax Return or Audited Financial Statements

Employee Income Taxes Paid and Withheld

Please submit the form W355

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

	Total	Source document needed
Gross Receipts Taxes Paid	_____	Form 720VI or 720B
Gross Receipts Exemption Value	_____	Form 720VI or 720B
Real Property Tax Paid	_____	Property tax assessment
Real Property Tax Exemption Value	_____	Property tax assessment
Excise Taxes Paid	_____	Form 721
Excise Taxes Exemption Value / Refund	_____	Form 721
Income Taxes Paid	_____	Form 1120, 1120S, 1065, or 1040 with tax calculation worksheet
Income Taxes Exemption Value / Refund	_____	Form 1120, 1120S, 1065, or 1040 with tax calculation worksheet
Customs Duties Paid	_____	Please keep copies of receipts for review by VIEDC Compliance Officer
Customs Duties Exemption Value / Refund	_____	Please keep copies of receipts for review by VIEDC Compliance Officer
Other:		
Hotel room taxes paid	_____	Form 722
Other Taxes, Fees Paid to V.I. Government (list separately)	_____	Please keep copies of receipts for review by VIEDC Compliance Officer
TOTAL TAXES PAID:	0	
TOTAL VALUE OF EXEMPTIONS AND OR REFUNDS:	0	

EXPENDITURES FOR GOODS, SERVICES, PLANT & EQUIPMENT

(Please provide a list of entities for which goods/services/capital purchases exceeded \$25,000 and/or for which bids were awarded.)	VEDC Eligible Suppliers	V.I. Suppliers	Non-Local Suppliers	Total	Balance per tax return/ audited financial statements	Difference	Explanation (attach sheet as needed)
Goods and Services:							
Raw materials and components purchases (as included in cost of goods sold)				0		0	
Repairs/Maintenance				0		0	
Rent				0		0	
Interest				0		0	
Other Bank Charges				0		0	
Advertising / Promotion / Marketing Expenses				0		0	
Meals and Entertainment				0		0	
Travel				0		0	
Freight and postage Charges				0		0	
Insurance				0		0	
Legal / Accounting / Consulting / Professional Fees				0		0	
Utilities (tel., water, elect., communications, etc.)				0		0	
Interest				0		0	
Supplies				0		0	
Other (List Separately)				0		0	
Subtotal, Goods and Svcs:	0	0	0	0	0	0	

	VEDC Eligible Suppliers	V.I. Suppliers	Non-Local Suppliers	Total	Balance per tax return/ audited financial statements	Difference	Explanation (attach sheet as needed)
Capital Expenditures:							
Building & Improvements				0		0	
Leasehold Improvements				0		0	
Machinery / Equipment				0		0	
Furniture / Fixtures				0		0	
Vehicles				0		0	
Other (List Separately)				0		0	
Subtotal, Capital Expenditures:	0	0	0	0	0	0	
GRAND TOTALS	0	0	0	0	0	0	

CUMULATIVE CAPITAL EXPENDITURES UNDER EDC CERTIFICATE

Telephone Number: () _____

Signature of Preparer: _____ Date: _____

(Print Name)

Email Address: _____