Department of Labor and Training

1511 Pontiac Avenue Cranston, RI 02920

Rhode Island 10% Investment Tax Credit Certification Form

Name of Person Requesting Certification:	Date:
Address:	Tax Year: 2022
Fax Number:	Phone Number:
Name & Address of Company to be Certified:	
Federal Identification Number:	NAICS Code:
	Investment Tax Credit by meeting one of the ing three criteria:
The employer's median annual wage paid to its further average annual wage paid by all employers in	
2) The employer's median annual wage paid to its futo 125 percent of the average annual wage paid by (\$61,574 X 125 % = \$76,967 from 7/1/2022 thru 6/3	
employees classified as production workers (as d	annual wage paid to the employer's full-time equivalent efined by the Department of Labor and Training) is greater on workers in the state in the same three digit NAICS Code.
Median Annual Wage Paid by Employer to its full-time	Average Annual Wage Paid by Employer to its full-time
equivalent employees: \$ (For Options 1 or 2 only)	equivalent production \$ employees: (For Option 3 only)
I hereby declare under penalty of perjury	that the wages provided above are true.
Signature of Employer Representative:	
determined that this company meets the wa RI 10% Investment Tax Credit under sec	tion 44-31-1 of the General Laws. Dept of Labor &
Training's endorsed document must be included by the second of the secon	ded with the applicable filed Income Tax Return.
Date of Certification:	
*Employers classified in the following eligible NAICS codes may qualify for the 10% Investment Tax Credit:	
	425,511,518, 522-525, 531,533,541,551,561,
611,621-623, 811, 51211,5122,and 7115.	

RI Division of Taxation. You may submit this form by mail, or fax it to the LMI Unit at (401) 462-8766.

This certification is for the RI 10% Investment Tax Credit, as only a "qualified taxpayer", under Section 44-31-1 of the RI General Laws.

Employers are advised to retain supporting documentation as they may be subject to verification by the