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 BEGIN da	ate (YYYYMMDD)	Tax year END date (YYYYMMDD)
Address (Line 2)			Contact Person Na	ame	Title
City	State	ZIP Code	Telephone Numbe	r	Fax Number
Foreign Country	<u> </u>		Email Address		
Location of Project (Street Address or Other Description)					
Full-Time Employment Levels in Vermo	nt				•
Report the average number of full-time employees defined as an employee who works no less that				r purposes of this	form, a full-time employee is
	151	Quarter	2nd Quarter	3rd Quarter	4th Quarter
1a. Period covered (Months & Year)					
1b. Number of full-time Vermont employees					
2. Report average annual full-time Vermontemp (average of the four quarters above)	oloyment	t for this tax yea		2.	
3a. During the first six years after the beginning of annual full-time Vermont employment, using	of the EA	ATI authorization	n, what was the highest a	verage	
3b. In which tax year did this occur?					
4. What was the lowest number of full-time that ended during this tax year?	oloyees in	n Vermont for a	ny period of 120 consecu	ntive days	
If Line 4 is less than 75% of Line 3a,					
perod of 120 consecutive days. You als	so mus i	t report the re	capture on Form IN-1	11, Vermont Inc	ome Tax Return, for the
tax year in which the peroid of 120 cor	ISECULIV	/e days occur	rea. Refer to vermo	nt iaw at 32 v.s.	A. § 5930H for details.
Signature					
Under penalties of perjury, I declare this to the best of my knowledge and belief.	report an	id all documents	s attached in support of tr	nis report, are true,	correct, and complete
Signature of Responsible Officer			Title		Date
Printed Name	Telepho	one Number	Email Address (op	tional)	

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