State of Rhode Island Division of Taxation

Form RI-2949

Jobs Training Tax Credit

Name	Federal employer identification number	For the year ending:
HUMAN RESOURCE INVESTMENT COUNCIL CERTIFICATE NUMBER:		
ATTACH COPY OF NOTICE OF CERTIFICATION ISSUED BY HRIC		

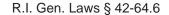
Qualifying Employee Name	Social Security Number	Hourly Rate	Average Hrs Weekly	Eligible Wages (Not to Exceed \$1,000)	* Individual Expenses (3 yrs)	TOTAL EXPENSES
TOTALS:						

(attach sheet if necessary)

1.	Payments for instructors or educational institutions		
2.	Other expenses. Attach schedule		
3.	Eligible wages from schedule above		
4.	Total Expenses. Add lines 1, 2 and 3	4.	
5.	Applicable grants received 5.		
6.	Amount of training expenses over \$10,000 for an individual employee during three year period		
7.	Total Ineligible Expenses. Add lines 5 and 6	7.	
8.	Qualifying Expenses. Subtract line 7 from line 4	8.	
9.	Credit Calculation. Multiply line 8 times 50% (0.50)	9.	
10.	Credit for this taxable year. Multiply line 9 times 50% (0.50)	10.	
11.	Credit carryover from prior year. Attach schedule	11.	
12.	Total Job Training Credit Available. Add lines 10 and 11	12.	_
13.	Carryover to following taxable year. Multiply line 9 times 50% (0.50)	13.	

THIS FORM MUST BE ATTACHED TO APPROPRIATE RHODE ISLAND TAX RETURN.

<u>DO NOT</u> SUBMIT COMPLETED FORM WITH HRIC APPLICATION FOR CERTIFICATION.



^{*} EXPENSES NOT TO EXCEED \$10,000 FOR EACH INDIVIDUAL IN ANY THREE (3) YEAR PERIOD.