



**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)

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

**EXPENDITURES FOR GOODS, SERVICES, PLANT & EQUIPMENT**

	<b>Eligible Suppliers</b>	<b>V.I. Suppliers</b>	<b>Non-Local</b>	<b>Totals</b>
<b>Goods and Services:</b>				
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)	_____	_____	_____	_____
<b>Subtotal, Goods and Svcs:</b>	_____	_____	_____	_____
<b>Capital Expenditures:</b>				
Building & Improvements	_____	_____	_____	_____
Leasehold Improvements	_____	_____	_____	_____
Machinery / Equipment	_____	_____	_____	_____
Furniture / Fixtures	_____	_____	_____	_____
Vehicles	_____	_____	_____	_____
Other (List Separately)	_____	_____	_____	_____
<b>Subtotal, Capital Expend:</b>	_____	_____	_____	_____
<b>GRAND TOTALS</b>	_____	_____	_____	_____

**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