

State of Rhode Island Division of Taxation
Form RI-STR
 Sales and Use Tax Return



23128099990101

Name			Account identification number		
Address			For the period ending:		
Address 2			NAICS code		
City, town or post office			State	ZIP code	E-mail address
			<input type="checkbox"/> Amended Return		

Computation of Tax

GROSS SALES & EXEMPTIONS

1	Gross Sales for the Period.....				1		
2a	Resale.....	2a					
	b Interstate Sales.....	2b					
	c Non-Taxable Sales and Services.....	2c					
	d Exempt Organizations.....	2d					
	e Other (Specify): _____	2e					

CREDITS & TAX DUE

3	Total Deductions (Add lines 2a through 2e).....				3		
4	Taxable Sales (Line 1 less line 3).....				4		
5	Total Trust Fund Sales Tax Due and Required to be Remitted ("Sales Tax") (Multiply line 4 by 7%).....				5		
6	Total Use Tax Due (From Use Tax Worksheet in Instructions).....				6		
7	Total Sales Tax and Use Tax Due (Add lines 5 and 6).....				7		
8a	Prepaid Sales Tax (Licensed Cigarette Dealers Only).....	8a					
	b Other (Specify): _____	8b					
9	Total Credits (Add lines 8a and 8b).....				9		
10	Amount Due (Line 7 less line 9).....				10		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code PTIN

May the Division of Taxation contact your preparer? YES