

State of Rhode Island and Providence Plantations
Form RI-W3
 Reconciliation of Personal Income Tax Withheld

Name			Federal employer identification number		
Address			For the year ending:		
Address 2					
City, town or post office		State	ZIP code	E-mail address	

MONTH	1st QTR OF MONTH	2nd QTR OF MONTH	3rd QTR OF MONTH	4th QTR OF MONTH	TOTAL
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
1 Total payments made for the year.....					1
2 Total tax withheld during the year as shown on state forms transmitted.....					2
3 Total number of state wage & tax statements (Form W2) sent with this reconciliation form.....					3

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