

State of Rhode Island Division of Taxation
Form E911
 E911 Wireless/Wireline Surcharge Return



13120299990101

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

Due by the last day of the following month

Wireless Service Providers

1 Enter the total number of telecommunications instruments, devices, or means, including prepaid and VoIP, that can access, connect, or interface with the Rhode Island E911 Uniform Emergency Telephone System for the month.....	1	
2 Multiply the total number of instruments on line 1 by \$1.25.....	2	

Wireline Service Providers

3 Enter the total number of access lines, user interface number(s), extension number(s), or line(s), trunk(s), or path(s) that can access, connect, or interface with the Rhode Island E911 Uniform Emergency Telephone System for the month.....	3	
4 Multiply the total number of lines on line 3 by \$1.00.....	4	
5 Enter the number of access lines or PBX trunks for the month.....	5	
6 Multiply the total number of access lines or PBX trunks on line 5 by \$0.26.....	6	
7 Enter the number of centrex station lines (8 stations = 1 trunk) for the month.....	7	
8 Multiply the total number of centrex station lines on line 7 by \$0.0325.....	8	
9 Total of all wireline charges. Add lines 4, 6 and 8.....	9	
10 Total amount due on return. Add lines 2 and 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

Revised 04/2021