SALES TAX FORMS SPECIFICATIONS

SALES PERMIT RENEWAL APPLICATION ONLY

System - 2 characters ST = Sales Tax		
Filing Frequency - 1 M = Monthly, Q		
Fili	ng Type - 2 characters 98 = Renewal Applicati	ion
	Calendar year (2000	
		Record ID - 11 characters
		600
STATE OF RHODE IS		RETAIL SALES PERMIT
OHECAPITOL HILL STEAD * ONE CAPITOL HILL STEAD STANDARD S		RENEWAL APPLICATION
Name 1 Name 2	TAXPAYER IDENTIFICATION #	TAX YEAR July 1, 2000 - June 30, 2001
Address 1 Address 2 City, State Zip+4		SALES TAX RENEWAL FEE \$10.00
		Please mail this form with remittance separately.
AUTHORIZED SIGNATURE	DATE	Do not mail with a return.
		Mail this form and remittance payable to:
		Rhode Island Division of Taxation One Capitol Hill, Ste 4 Providence, RI 02908-5802

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY $% \left(1,0\right) =1$

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

WITHHOLDING TAX FORMS SPECIFICATIONS

MONTHLY ONLY

System - 2 characters WT = Withholding	
Filing Frequency - 1 character M = Monthly	
Filing Period - 2 characters Calendar year month 01 to 12	
Calendar year (2000) - 4 characters	
Record ID - 11 characters Filing month & year	
STATE OF RHODE ISLAND WITHHOLDING TAX RETURN MONTHLY WITHHOLDING TAX RETURN MONTHLY	•
WTM61200005046030100	jan d
Name 1 Name 2 Address 1	
Address 2 City, State Zip+4 WTM	
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.	
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT	
TITLE DATE TAX AMOUNT TAX AMOUNT DE AND PAID TAX AMOUNT DUE AND PAID DOES NOT THE ENDING DE AND PAID	ا بدر
941-MRI REV 11/99	

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

System	m - 2 characters	
	WT = Withholding	
	Filing Frequency - 1 character Q = Quarterly	
	Filing Period - 2 characte Calendar year quarter	
	Calendar year (2000) - 4 characters
		Record ID - 11 characters Filing quarter & year
DIVISION OF TAVA	STATE OF RHODE ISLAND TION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5	WITHHOLDING TAX RETURN OUARTERLY
Value Carried	`&d1200005046030100	
Name l Name 2 Address l Address 2	MITC	
City, State	Zip+4 WTC	L
BELIEF, IS A TRUE, CORRECT AN		
SIGNATURE OF OWNER, PARTNER O	DR AUTHORIZED AGENT	
TITLE TAXPAYER IDENTIFICA	DATE TION # RETURN FOR QUARTER ENDING	TAX AMOUNT \$
	030100 MAR 31/00	
	941-QRI REV 11/99	

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTER/MONTHLY ONLY

System W	T = Withholding		
	Filing Frequency W = Quarter/Monthly		
	Filing Period		
		r quarter/monthly period 0	1 to 48
	Calendar	year (2000)	
		Record ID	Filing quarter/monthly period & year
	STATE OF RHODE ISLAND		WITHHOLDING TAX RETURN QUARTER/MONTHLY
	N * 04E CAPITOL HILL STE 7, PROVIDENCE, RI 0	2908-5809	
Name 1 Name 2 Address 1			
Address 2 City, State	Zip+4 WT(QM	
I HEREBY CERTIFY THAT THIS RETURN BELIEF, IS A TRUE, CORRECT AND CO	RN, TO THE BEST OF MY KNOWLEDGE AND OMPLETE RETURN.	/	
SIGNATURE OF OWNER, PARTNER OR A	UTHORIZED AGENT		
TITLE TAXPAYER IDENTIFICATE	DATE RETURN FOR QUARTER/MONTHLY P	TAX AMOUNT DUE AND PAID	,
0504603			The state of the second
941-	QMRI REV 11/99		

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

MONTHLY ONLY

	<u>characters</u> = Sales Tax		
F	Filing Frequency - 1 character M = Monthly		
	Filing Period - 2 character Calendar year month (
	Calendar year (2	000) - 4 characters	
		Record ID - 11 characters	Filing month & year
	STATE OF RHODE ISLAND	7	SALES & USE TAX RETURN
	ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-58	경영하다 그 사람들이 얼마를 가지 않는 🖊 그 사람	MONTHLY
ŠTŇď	2200005046030100		
Name l Name 2 Address l			
Address 2	ip+4 / STM		
City, State Z	ip+4		
BELIEF, IS A TRUE, CORRECT AND COM			
IGNATURE OF OWNER, PARTNER OR AUT	HORIZED AGENT		
TILE	DATE	NET SALES AND USE TAX DUE \$	
FEDERAL IDENTIFICATION #	RETURN FOR MONTH ENDING LOO FEB 29/00		
T-204l	1 REV 11/99		

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

MONTHLY RECONCILIATION ONLY

FRONT

System - 2 characters	
ST = Sales Tax	
Filing Frequency - 1 character M = Monthly	
Filing Period - 2 characters Calendar year month 0	1 to 12
Calendar year (20	000) - 4 characters
	Record ID - 11 characters Filing month & year
STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802	SALES & USE TAX RETURN MONTHLY
STM03200005046030100	QUARTERLY RECONCILIATION
Name 1 Name 2 Address 1	1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A)
Address 2 / CTM D	2, LESS: TAX PAID - MONTH 1
	3, LESS: TAX PAID - MONTH 2
HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.	4. SALES & USE TAX DUE
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGÉNT	5. Less: Credit for Sales tax Paid in other states (Items Must be included in Line 4
TITLE	SCH A ON BACK)
TAXPAYER IDENTIFICATION # RETURN FOR MONTH ENDING	OUE AND PAID

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS MONTHLY RECONCILIATION & QUARTERLY ONLY

BACK

SCHEDULE B - LEGAL DEDUCTIONS	SCHEDULE A - GROSS RECEIPTS
A. FOOD FOR HUMAN CONSUMPTION (GROCERY STORE)	1. GROSS SALES FROM OTHER THAN LINE 2 BELOW
B. FOR RESALE	2. ROOM OCCUPANCY SALES
C INTERSTATE	3. COST OF PERSONAL PROPERTY PURCHASED ON RESALE CERTIFICATE BUT USED BY YOU
O. TO GOVERNMENT AND EXEMPT INSTITUTIONS	4. USE TAX: COST OF PERSONAL PROPERTY PURCHASED CUTSIDE COST OF STATE BUT USED BY YOU.
E EXEMPT NEWSPAPERS	5. OTHER ADDITIONS (DESCRIBE AT BOTTOM OF FORM)
F, GASOLINE AND OTHER EXEMPT FUELS	6. TOTAL SALES FOR QUARTER
H. PRESCRIPTION DRUGS/PATENT MEDICINES	7, TOTAL DEDUCTIONS (TOTAL) FROM SCH & - LEFT)
L. CLOTHING AND FOOTWEAR.	8. TAXABLE RECEIPTS FOR THE QUARTER (LINE 6 - LINE 7)
E. OTHER (DESCRIBE BELOW)	9. NET SALES AND USE TAX (CARRY TO FRONT)
OTHER (ON LINE K):	OTHER ADDITIONS (ON LINE 5): T-204M-R REV 11/9

ICR (Intelligent Character Recognition) LINE SPECIFICATIONS

The dollar signs and decimal points must be white.

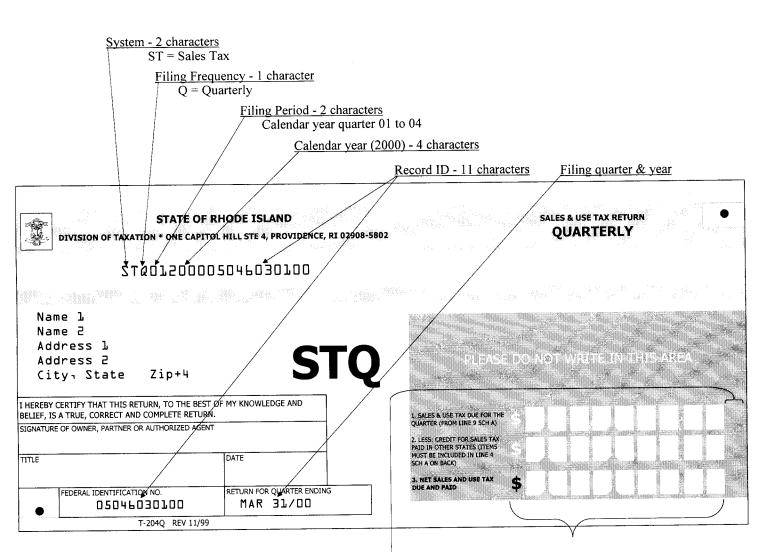
The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as the dollar signs and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

FRONT



Form Size - 3 $2/3 \pm 1/16$ " high by $8 \pm 1/8$ " long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

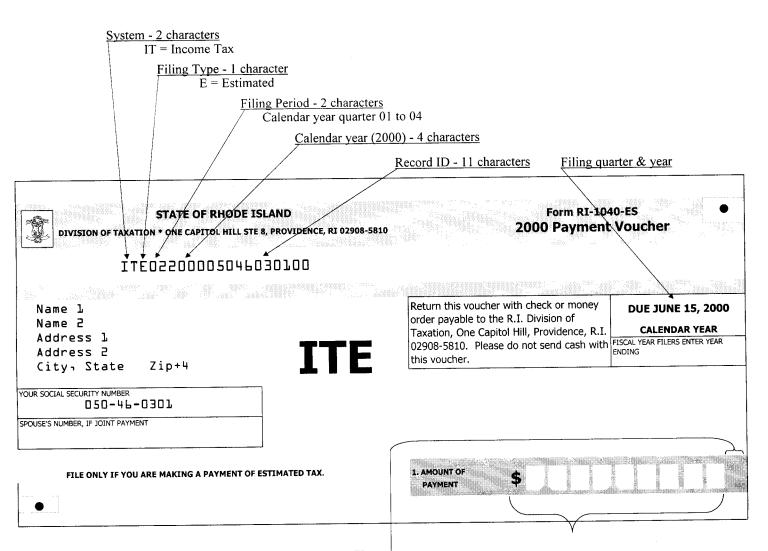
The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

➤ There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

INCOME TAX FORMS SPECIFICATIONS

ESTIMATED ONLY



Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

INCOME TAX FORMS SPECIFICATIONS

1040V (VOUCHER) ONLY

	1 - 2 characters IT = Income Tax				
	Filing Type - 1 c	haracter ucher			
		Filing Code - 2 characters Code = 06			
		Calendar year (2	000) - 4 characters		
			Record ID - 11 characte	er <u>s</u>	
	STATE OF RHØDI			Form RI 1040-V 1999	
- Gu	00 = 00 = 00 = 00 = 00 = 00 = 00 = 00	STE 3, PROVIDENCE, RI 02908-580			
	i de la	NOT STAPLE OR ATTACH TH	IS VOUCHER TO YOUR PAYME	NT	
Name l Name 2 Address l			1. ENTER THE FIRST FOUR LETTERS OF YOUR LAST NAME		
Address 2 City _a State	Zip+4	1040-	V		
YOUR SOCIAL SECURITY NUMBER	3307				
SPOUSE'S NUMBER, IF JOINT PAYMEN	Т				
			2. ENTER AMOUNT DUE AND PAID		

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

INCOME TAX FORMS SPECIFICATIONS

1040NR-V (VOUCHER) ONLY

System - 2 characters IT = Income Tax				
Filing Type -				
	Filing Code - 2 characters Code = 06			
	Calendar year (20	000) - 4 characters		
		Record ID - 11 characters		
STATE OF RHO			Form RI 1040NR-V • 1999)
DIVISION OF TAXATION + ONE CAPITOL HI				- 3
	DO NOT STAPLE OR ATTACH THIS	VOUCHER TO YOUR PAYMENT		
Name 1 Name 2 Address 1	1 1 1999 (1999 Page 14 14 14 14 14 14 14 14 14 14 14 14 14	1. ENTER THE FIRST FOUR LETTERS OF YOUR LAST NAME		
Address 2 City, State Zip+4	1040NR-\	V		
OUR SOCIAL SECURITY NUMBER				
SPOUSE'S NUMBER, IF JOINT PAYMENT				\sum_{i}
		2. ENTER AMOUNT \$		

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

INCOME TAX FORMS SPECIFICATIONS

4868 ONLY

Syst \	tem - 2 characters IT = Income Tax			
	Filing Type - 1 cha	racter omatic Extension		
	Fil	ing Code - 2 characters Code = 05		
		Calendar year (2000) -	4 characters	
		Rec	ord ID - 11 characters	
	STATE OF RHODE I	SLAND : 3, PROVIDENCE, RI 02908-5801	Form RI-4868 1999	
DIVISION OF 1A	TÃO5200005046	30100		
Name 1	Application for	Automatic Extension of Time to fil	e R.I. Individual Income Tax Return Enter tentative tax computation	an .
Name 2 Address 1			A. Tentative federal income tax	\$
Address 2	7; 5+11	4868	B. Tentative RI tax (26.5% of Line A) C. Total tax withheld, payments & other credits	
City, State	Zip+4	-1000	D. Balance due (line B less line C)	\$
YOUR SOCIAL SECURITY NUMBER	F-0307			
SPOUSE'S NUMBER, IF JOINT PA	YMENT	-		
•			ENTER AMOUNT \$	

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

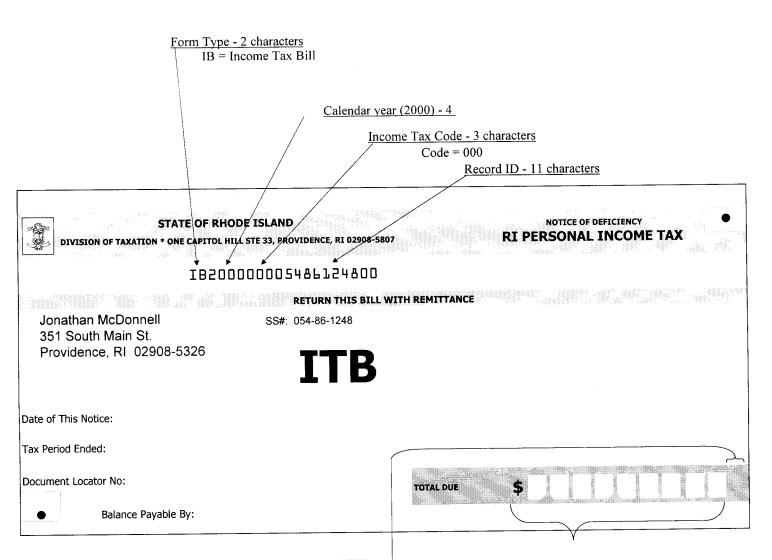
The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

DEFICIENCY NOTICE SPECIFICATIONS

PERSONAL INCOME TAX BILL ONLY



Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A INCOME TAX BILL FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

DEFICIENCY NOTICE SPECIFICATIONS

WITHHOLDING, SALES, CORPORATION, AND HEALTH TAX BILLS ONLY

Form Type - 2

WB = Withholding Tax

Bill SB = Sales Tax Bill

CB = Corporation Tax Bill

HB = Health Tax Bill

Bill Number - 7 characters

Record ID - 11 characters

STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 21, PROVIDENCE, RI 02908-5813

WB200000105486124800

NOTICE OF WITHHOLDING TAX DUE

RETURN THIS BILL WITH REMITTANCE

ID#: 05486124800

DOCUMENT LOCATOR #:

Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326

WTB

Date of This Notice:

Tax Period:

Bill Number:

Balance Payable By:

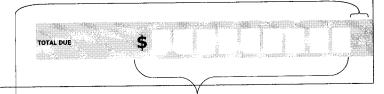
Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A BILL FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS



CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

1120DWR ONLY

Sys	tem - 2 characters CT = Corporation Tax				
	Filing Frequency - 1 cl R = Retu	naracter rn			
	Filing	Code - 2 characters Code = 01			
		Calendar year (200	0) - 4 characters		
		/	Record ID - 11 character	<u>s</u>	
	STATE OF RHODE ISLA KATION * ONE CAPITOL HILL STE 9, F			DUE WITH RETURN	•
	TRO120000504603				
Name 1 Name 2			For Calendar Year Or Taxable Year Beginning		
Address l Address 2 City ₁ State	Zip+4	1120DWR	ESTIMATES PAID AND CREDITED TO DATE AMOUNT PAID AS		
TAXPAYER IDENTIFICATION #			EXTENSION REQUEST AMOUNT DUE WITH RETURN FILING		
	of perjury, that this document has been exigge and belief, is true, correct, and comple		AMOUNT		
Sig	nature of Officer or Agent		ENCLOSED		

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

► There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

7004 ONLY

Sy	stem - 2 characters CT = Corporation Tax		
	Filing Frequency - 1 character X = Extension		
	Filing Code - 2 characters Code = 01		
	Calendar year (2	000) - 4 characters	
		Record ID - 11 characters	
	STATE OF RHODE ISLAND	ΑU	TOMATIC SIX MONTH
DIVISION OF TA	AXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-58		ENSION REQUEST
	<pre>ctx ั่ง ับ อด์ ออออ จ จ ออ อออ จ อออออ จ ออออออ จ ออออออ</pre>		
Name l Name 2 Address l		For Calendar Year Or Taxable Year Beginning	And Ending
Address 2 City, State	7004	ESTIMATED TAX CURRENT YEAR AMOUNT PAID AND	
TAXPAYER IDENTIFICATION #	P030700	CREDITED TO DATE AMOUNT PAID AS EXTENSION REQUEST	
I declare, under the penalties and, to the best of my knowl	s of perjury, that this document has been examined by me edge and belief, is true, correct, and complete.		
Si	ignature of Officer or Agent	AMOUNT S S	
			

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

Estimated Tax First Estimate Only

S	vstem	- 2 characters					
5		= Corporation Tax					
		Filing Frequency E = 1	<u>- 1 character</u> Estimate				
		Ţ	nstallments - 2 characters Installment 01 or				
			Çalendar year (2	(000) - 4 characters			
				Record ID - 11 chara	cters		
e sage		STATE OF RHODE	TSLAND				
DIVISION OF	TAXATIC		TTE 9, PROVIDENCE, RI 02908-581		FIRST	ESTIMATE	
	ČTĚ	, 01200005041	-030700				
r jakala ja jaka ja				IF NOT A CALE		AL YEAR MUST BE EN	TERED
Name 1 Name 2				Or Taxable Year Beginning		And Ending	
Address 1 Address 2		7: 1.0	1120E	1. ESTIMATED TAX FOR CURRENT YEAR			
City ₁ Stat	.e	Zip+4			4		
TAXPAYER IDENTIFICATION :	#603C	1100	TO AMEND ESTIMATE USE FORM ON REVERSE AND CHECK HERE	3. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT			
I declare, under the penalti and, to the best of my know	es of perj viedge an	ury, that this document has t d belief, is true, correct, and	been examined by me complete.	IU IHIS PATMENI			
		of Officer or Agent	~	4. PAYMENT DUE WITH THIS RETURN	\$		
	-		DAY OF THE SIXTH MONTH OF THE T	AXABLE		Samuel Comment	
					Y		

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

 There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

Estimated Tax Second Estimate Only

System - 2 character CT = Corporat			
Filing Fre	equency - 1 character E = Estimate		
	Installments - 2 characte Installment 01 c		
	<u>Calendar year</u>	(2000) - 4 characters	
	/ /	Record ID - 11 characters	
STATE OF	RHØDE ISLAND		· · · · · · · · · · · · · · · · · · ·
DIVISION OF TAXATION * ONE CAPIT	TOL HILL STE 9, PROVIDENCE, RI 02908-5	5811 SI	ECOND ESTIMATE
ÇTĚÔZZOÔO	05046030200		** wws. *** ***
		IF NOT A CALENDAR YE	AR, FISCAL YEAR MUST BE ENTERED
Name 1		For Calendar Year	
Name 2		Or Taxable Year Beginning	And Ending
Address 1 Address 2	44205	1. TOTAL ESTIMATED	
City, State Zip+4	1120E	S 1. TOTAL ESTIMATED TAX	
		2. AMOUNT PAID AND	
TAXPAYER IDENTIFICATION # 05046030100	TO AMEND ESTIMATE USE FORM ON REVERSE AND CHECK HERE	CREDITED TO DATE 3. LINE 1 LESS LINE 2: AMOUNT DUE THIS	
		PERIOD	
I declare, under the penalties of perjury, that this doci and, to the best of my knowledge and belief, is true, o	ument has been examined by me correct, and complete.		
		4. PAYMENT ENCLOSED \$	
Signature of Officer or Agent		4. PAIMENT ENGLUSED	
DUE AND PAYABLE ON OR BEFORE THE F	FIFTEENTH DAY OF THE SIXTH MONTH OF THE YEAR	TAXABLE	

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS

1120V ONLY

System - 2 characters CT = Corporation	
Filing Frequency - 1 R = Return	
Filing Code - 2 characters Code = 01	5
Calendar year (20	003) - 4 characters
	Record ID - 11 characters
STATE OF RHODE ISLAND ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811	Voucher
CTR01200305046030100	
Name 1 Name 2	For Calendar Year Or Taxable Year Beginning And Ending
Address 1 Address 2 City State Ain A	
TAXPAYER IDENTIFICATION #	AMOUNT PAID AS EXTENSION REQUEST
05046030100	AMOUNT DUE WITH RETURN FILING S
l declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.	
Signature of Officer or Agent	AMOUNT S S
Form Size - 3 2/3 + 1/16" high by 8 + 1/8" long LASER PRINTED	γ
SCAN LINE SPECIFICATIONS	CAR (Courtesy Amount Read) LINE SPECIFICATIONS The dollar sign must be in the OCR-B font, size 16 or 18. The bottom
Class hand for some line growths 2 (0) wide with some line CENTERED	dollar sign must be black, the others must be white. The decimal points

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 3/4 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs,

➤ There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

FRONT

System - 2 characters WT = Withholding				
Filing Frequency - 1 M = Monthly	character			
Fili	ng Code - 2 characters Code = 99			
	Calendar year (200	0) - 4 characters		
		Record ID - 11 charac	eters	
STATE OF RHODE IS	SI AND		FORM RI-W	3 · · · · · · · · · · · · · · · · · · ·
DIVISION OF TAXATION * ONE CAPITOL HILL STE			2000	
พ้าที่จ้ายด้อยรอนยอ	30100			
RECON	ICILIATION OF PERSONAL INCOM			
Name 1 Name 2		1. ENTER PAYMENTS MA V	DE ON EMPLOYER RETURNS OF WITHHELD (FORMS 941M, 941Q	PERSONAL INCOME TAX)
Address 1 Address 2	/ W/2	JAN .	FEB	MAR
City, State Zip+4	W3	APR	MAY	JUN
SIGNATURE	IF YOU FILED QUARTER-MONTHLY RETURNS, ENTER PAYMENTS FOR	JUL	AUG	SEP
TITLE DATE	EACH PERIOD ON BACK OF THIS FORM.	ОСТ	NOV	DEC
TAXPAYER IDENTIFICATION #		2A. TOTAL PAYMENTS		
O 5 O 4 L O 3 O L O O ENTER HERE THE TOTAL NUMBER OF RHODE ISLAND	NOTE: EXPLAIN ANY DIFFERENCE IN THE AMOUNTS IN ITEMS 2A AND 2B IN	2B. TOTAL TAX WITHHELD DURING 2000 AS SHOWN ON STATE FORMS TRANSMITTED	\$	
STATE WAGES & TAX STATEMENTS (FORM W2) SENT WITH THIS RECONCILIATION FORM	AN ATTACHED STATEMENT.	\		Annual Commission

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

State of Rhode Island WITHHOLDING TAX FORMS SPECIFICATIONS W3 ONLY

BACK

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						
	TOTAL FOR YE	AR - ENTER HERE AND ON	LINE 2A (FRONT)			
TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS						

SALES TAX FORMS SPECIFICATIONS

MONTHLY (MOTOR VEHICLE) ONLY

System	- 2 characters ST = Sales Tax				
	Filing Frequency - 1 character M = Monthly				
	Filing Period - 2 Calendar ye	<u>2 characters</u> ear month 01 to	o 12		
	Calen	dar year (2000) - 4 characters		
		R	Record ID - 11 characters	Filing month & ye	<u>ar</u>
DIVISION OF TAXATIO	STATE OF RHODE ISLAND ON * ONE CAPITOL HILL STE 4, PROVIDENCE,	, RI 02908-5802		MOTOR VEHICLE DEALER MONTHLY	
	02200005046030100/			SALES & USE TAX RETURN	
Name l Name 2 Address l Address 2			1. SAJES & USE TAX DUE FOR THE MONTH (FROM LINE 9 SCH A)		
City, State		MMV	POLEAST DO	NOT WRITE IN THIS AR	
HEREBY CERTIFY THAT THIS RETU BELIEF, IS A TRUE, CORRECT AND C SIGNATURE OF OWNER, PARTNER OR			2. PLUS: SALES TAX COLLECTIONS FROM NON-RESIDENTS (FOR THIS MONTH ONLY)		
TITLE	DATE			NOT HERE IN THE STREET	
FEDERAL IDENTIFICATION			3. NET SALES AND USE TAX DUE AND PAID		
•	4 M-MV REV 11/99]	7500		
1-20	THEFT INC TAILS				

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

. There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

MONTHLY RECONCILIATION (MOTOR VEHICLE) ONLY

System - 2 characters ST = Sales Tax	
Filing Frequency - 1 character M = Monthly	
Filing Period - 2 characters Calendar year month 01	1 to 12
Calendar year (20	000) - 4 characters
	Record ID - 11 characters Filing month & year
STATE OF RHODE ISLAND	MOTOR VEHICLE DEALER MONTHLY - QUARTERLY RECONCILIATION
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802	SALES & USE TAX RETURN
Name 1 Name 2 Address 1	1. SAJÉS & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A)
Address 2 City, State Zip+4 STMMV	Z: LESS: TAX DUF - MONTH 1
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.	3. LESS: TAX DUE - MONTH 2 4. PLUS: SALES TAX COLLECTIONS FROM NON-RESIDENTS (FOR THIS
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT	MONTH ONLY) 5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (TENS MUST BE INCLUDED IN LINE 4
TITLE DATE	SCH A ON BACK) 6. NET SALES AND USE TAX DUE AND PAID
FEDERAL IDENTIFICATION NO. 05046030100 T-204 MR-MV REV 11/99	
1 ZVIIIICIO INCI AAJOO	V

Form Size - 3 $2/3 \pm 1/16$ " high by $8 \pm 1/8$ " long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) **LINE SPECIFICATIONS**

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

QUARTERLY RECONCILIATION (MOTOR VEHICLE) ONLY

		2 characters ST = Sales Tax	K			
		Filing Freque Q = Quai	ncy - 1 character terly			
			Filing Period - 2 Calendar yea		to 04	
		/	/	•	00) - 4 characters	
				_	Record ID - 11 characters	Filing quarter & year
		STATE OF RH	ODE ISLAND			MOTOR VEHICLE DEALER
	DIVISION OF TAXATION	100	HILL STE 4, PROVIDENCE,	RI 02908-5802		QUARTERLY SALES & USE TAX RETURN
<u> </u>	ŠTĄI	03200005	046030100/			SALLS & USE IN ARTUNITY PROBABLE OF TRANSPORT
NAME			TAXPAYER IDENTIFI	CATION #	1. SALES & USE TAX DUE FOR THE	
ADDRESS				 .	QUARTER (FROM LINE 9 SCH A)	
CITY	STA	ATE ZIP	STO	SMX	2. LESS: TAX DUE - MONTH 1 3. LESS: TAX DUE - MONTH 2	
BELIEF, IS	CERTIFY THAT THIS RETUR A TRUE, CORRECT AND CO	MPLETE RETURN.	MY KNOWLEDGE AND		4. PLUS: SALES TAX COLLECTIONS FROM NON-RESIDENTS (FOR THIS QUARTER)	
SIGNATURE	E OF OWNER, PARTNER OR AL				5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS	
TITLE			DATE	į į	MUST BE INCLUDED IN LINE 4 SCH A ON BACK) 6. NET SALES AND USE TAX	
•	FEDERAL IDENTIFICATION		RETURN FOR QUARTER ENDING	,	DUE AND PAID	
	T-204	Q -MV REV 11/99				

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) **LINE SPECIFICATIONS**The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points

must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

SALES TAX FORMS SPECIFICATIONS

(MOTOR VEHICLE) MONTHLY RECONCILIATION & QUARTERLY ONLY

BACK

SCHEDULE B - LEGAL DEDUCTIONS	SCHEDULE A - GROSS RECEIPTS
A- FOOD FOR HUMAN CONSUMPTION (GROCERY STORE)	1. GROSS SALES FROM OTHER THAN LINE 2 BELOW
B. FOR RESALE	2. ROOM OCCUPANCY SALES
C INTERSTATE	3, COST OF PERSONAL PROPERTY PURCHASED ON RESALE CERTIFICATE BUT USED BY YOU
D. TO GOVERNMENT AND EXEMPT INSTITUTIONS	4, USE TAX: COST OF PERSONAL PROPERTY PURCHASED OUTSIDE OF STATE BUT USED BY YOU
E. EXEMPT NEWSPAPERS	5. OTHER ADDITIONS (DESCRIBE AT BOTTOM OF FORM)
F, GASOLINE AND OTHER EXEMPT FUELS	6. TOTAL SALES FOR QUARTER
L.CLOTHING AND FOOTWEAR	7; TOTAL DEDUCTIONS (TOTAL FROM SCH B - LEFT)
3, SALES OF MOTOR VEHICLES	8. TAXABLE RECEIPTS FOR THE QUARTER (LINE 6 - LINE 7)
K. OTHER (DESCRIBE BELOW)	9. SALES AND USE TAX DUE FOR THE QUARTER (CARRY TO FRONT)
OTHER (ON LINE K):	OTHER ADDITIONS (ON LINE 5): T-204M-R REV 11/99

ICR (Intelligent Character Recognition) LINE SPECIFICATIONS

The dollar signs and decimal points must be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as the dollar signs and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

HARD TO DISPOSE MATERIAL (WHOLESALE) ONLY

System - 2 characters HD = Hard to Dispose Material
Filing Frequency - 1 character M = Monthly
Filing Period - 2 characters Calendar year month 01 to 12
<u>Calendar year (2000) - 4 characters</u>
Record ID - 11 characters Filing month & year
STATE OF RHODE ISLAND MARD TO DISPOSE MATERIAL WHOLESALE TAX RETURN
DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908/5804 WHOLESALE TAX RETURN HDM0320005046030100
Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326
HTDM-W PLEASE DO NOT WRITE IN THIS AREA
The undersigned (Name/Title) , hereby certifies that he/she is properly authorized to sign this report, that he/she has personal knowledge of the figures and that this return and the information herein c
SIGNATURE DATE A. TOTAL AMOUNT DUE RETURN FOR THE MONTH OF YEAR
MAR 31/00

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HARD TO DISPOSE TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

TAX FORMS SPECIFICATIONS

POSTING VOUCHER ONLY

THERE IS NOT A SCAN LINE ON THE POSTING VOUCHER

							
DIV	ISION OF TAXATION * (TE OF RHODE ONE CAPITOL HILL,	PROVIDE			POSTING VOUCHER	•
Taxpayer ID #	Seq. #	Tax period Ending		Da		ASSESSED RECEIVED	
Tax Code	Тах Туре	(PP) (FP)	Check	МО	Cash		
Assigned to	Prepared by	Determination #		1		PIEASE DO NOT PRETE IN THIS AREA	
	NAME AND ADDRESS	<u> </u>	Tax			ACCRUED INTEREST	کہ
			ssed	1			
			Assessed Interest	2		ACCRUED PENALTY	
			Assessed Penalty	1		TOTAL AMOUNT \$	ī
			As	2			<i>/</i> ——

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A POSTING VOUCHER FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

HOTEL TAX FORM ONLY

System - 2 characters	
HO = Hotel	
Filing Frequency - 1 characte M = Monthly	<u>r</u>
Calendar	r year month 01 to 12
Ca	Record ID - 11 characters Filing month & year
	Record ID - 11 Characters Filling Month & year
STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-58	HOTEL TAX RETURN
Homo1200005046030100	
Jonathan McDonnell	
351 South Main St.	1. TOTAL OCCUPANCY CONSIDERATION
Providence, RI 02908-5326	2. Juss; exempt entitles
/ 1101	PLEASE DO NOT SYRTTE IN THIS AREA
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.	3. TAXABLE AMOUNT
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT	
TITLE DATE	A. TOTAL TAX DUE AND PAID &
FEDERAL IDENTIFICATION NO. RETURN FOR MONTH ENDING	(LINE 3 MULTIPLIED BY 5%)
● 05046030100 JAN 31/00	
FORM HOM REV 11/99	

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HOTEL TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

HEALTH CARE PROVIDER RETURN (NURSING FACILITIES) ONLY

System - 2 char HT = Hea	acters alth Care Provider Tax	
Filing N	Type - 1 character = Nursing Facilities Filing Period - 2	. characters
		ear month 01 to 12
	<u>Çalen</u>	dar year (2000) - 4 characters
		Record ID - 11 characters
STATE OF RHODE I		HEALTH CARE PROVIDER RETURN NURSING FACILITIES
	0005046030100	
Jonathan McDonnell 351 South Main St.	TAXPAYER IDENTIFICATION #	1. GROSS PATIENT
Providence, RI 02908-5326	LICENSE #	2. RATE
	<u>DUE DATE</u>	
PERIOD COVERED:		PLEASE DO NOT WRITE IN THIS AREA
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOV	WLEDGE, IS A	
TRUE, CORRECT AND COMPLETE RETURN. SIGNATURE DATE		3. TOTAL DUE \$
TITLE		

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HEALTH CARE PROVIDER REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

EXCISE TAX FORMS SPECIFICATIONS

HEALTH CARE PROVIDER RETURN (GROUP HOME) ONLY

Filin	ealth Care Provider Tax g Type - 1 character G = Group Home Filing Period - 2 Calendar you	ear month 01 to 12 ndar year (2000) - 4 char Record ID	acters - 11 characters TH CARE PROVIDER RETURN
DIVISION OF TAXATION * ONE CAPITOL HILL ST			GROUP HOMES
Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326	TAXPAYER IDENTIFICATION # 05046030100	1. PATIENT CARE SERVICES & OTHER GROSS OPERATING INCOME 2. RATE	600 VA
	<u>DUE DATE</u>		
PERIOD COVERED: I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNO	DWIEDGE IS A	PLFASE (XO ROT VIRLE IN THIS AREA.
TRUE, CORRECT AND COMPLETE RETURN. SIGNATURE DATE	WLEDGL, IS A	3. TOTAL DUE	
TITLE			

Form Size - 3 $2/3 \pm 1/16$ " high by $8 \pm 1/8$ " long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HEALTH CARE PROVIDER REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

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EXCISE TAX FORMS SPECIFICATIONS

LITTER CONTROL PARTICIPATION PERMIT ONLY

Filin	Sales Tax g Type - 1 character L = Litter Application Filing Code - Cale	Code = 00 endar year (2000) - 4 char Record ID	acters - 11 characters APPLICATION FOR LITEROL PARTICIPATION	
Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326	LITTER	1. SHOW GROSS RECEIPTS HERE		
TAXPAYER IDENTIFICATION # 05046030100	Number of Vending Machines (If filing for a Class V permit)	PIEAS	ERO KOT WRITE IN TH	SMEAT
UNDER PENALTIES OF PERJURY, CERTIFY THAT THE INFORMATIC SIGNATURE DATE	OR THE LOCATION ABOVE AND, ON IS TRUE, CORRECT AND ONE NUMBER	ENTER TOTAL FEE DUE AND PAID		

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A LITTER CONTROL PERMIT APPLICATION FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

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CORPORATION TAX FORMS SPECIFICATIONS

SHORT FORM ONLY

Calenda	d - 2 characters ur year month 01 to 12 alendar year (2000) - 4 characters Record ID - 11 char	acters
STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-8 (TS0120005046030100 Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326	S. RHODE ISLAND BUSINESS CORPORATION TAX	ION TAX RETURN ORM 1120A(S) TAX FILERS ONLY 2 5 0 0 0
TAX YEAR BEGINNING TAX YEAR SIGNATURE OF OFFICER OR AUTHORIZED REPRESENTATIVE PRINT NAME DATE PHONE NUMBER	8. LESS REFUND TO TAXPAYER 8. LESS CREDIT TO 2000 ESTIMATED TAX 9. AMOUNT DUE (OVERPAYMENT) LINE 5 MINUS \$ LINE 6	

Form Size - 3 2/3 \pm 1/16" high by 8 \pm 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED Scan line must be 2 7/8 \pm 1/8" from BOTTOM of form Scan line ends 4 1/2 inches \pm 2/10 inches from RIGHT EDGE Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION SHORT FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

CORPORATION TAX FORMS SPECIFICATIONS SHORT FORM ONLY

BACK

Signature of Preparer	Date	
Preparer's S.S.N. or F.E.I.D.	Phone	A. GROSS RECEIPTS
		B. DEPRECIABLE ASSETS
Date and State of Incorporation	No. of Shares of Authorized Stock	C. TOTAL ASSETS
U.S. Business Code	Par Value Per Share	
	Check Here if No Par Value:	1. FEDERAL TAXABLE INCOME
		2. LESS LINES 28 THRU 2d SFROM WORKSHEET
President	Treasurer	3. ADD LINES 3a AND 3b S FROM WORKSHEET
		4. RHODE ISLAND ADJUSTED TAXABLE INCOME

ICR (Intelligent Character Recognition) LINE SPECIFICATIONS

The dollar signs and decimal points must be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as the dollar signs and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.