

# State of Rhode Island

## SALES TAX FORMS SPECIFICATIONS

### SALES PERMIT RENEWAL APPLICATION ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

M = Monthly, Q = Quarterly

Filing Type - 2 characters

98 = Renewal Application

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

RETAIL  
SALES PERMIT  
RENEWAL APPLICATION

STM98200005046030100

TAXPAYER IDENTIFICATION #  
05046030100

Name 1  
Name 2  
Address 1  
Address 2  
City, State Zip+4

**TAX YEAR**  
July 1, 2000 - June 30, 2001

**SALES TAX RENEWAL FEE \$10.00**

Please mail this form with remittance separately.  
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

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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

**MONTHLY ONLY**

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

**QUARTERLY ONLY**

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## WITHHOLDING TAX FORMS SPECIFICATIONS

### QUARTER/MONTHLY ONLY

System

WT = Withholding

Filing Frequency

W = Quarter/Monthly


Filing Period

Calendar year quarter/monthly period 01 to 48

Calendar year (2000)

Record ID

Filing quarter/monthly period & year

		<b>STATE OF RHODE ISLAND</b>		<b>WITHHOLDING TAX RETURN</b>	
DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809				<b>QUARTER/MONTHLY</b>	
WTW17200005046030100					
<b>WTQM</b>					
Name 1 Name 2 Address 1 Address 2 City, State Zip+4					
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		
TAXPAYER IDENTIFICATION # 05046030100			RETURN FOR QUARTER/MONTHLY PERIOD ENDING APR 23-30/00		
941-QMRI REV 11/99					
TAX AMOUNT DUE AND PAID \$					

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## SALES TAX FORMS SPECIFICATIONS

### MONTHLY ONLY

System - 2 characters

ST = Sales Tax

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

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

SALES & USE TAX RETURN  
MONTHLY

STM02200005046030100

Name 1  
Name 2  
Address 1  
Address 2  
City, State Zip+4

STM

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

FEDERAL IDENTIFICATION #

05046030100

RETURN FOR MONTH ENDING

FEB 29/00

T-204M REV 11/99

NET SALES AND USE TAX DUE  
AND PAID

\$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

**SALES TAX FORMS SPECIFICATIONS**  
**MONTHLY RECONCILIATION & QUARTERLY ONLY**

The total width of the ICR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## SALES TAX FORMS SPECIFICATIONS

### QUARTERLY ONLY

FRONT

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

Q = Quarterly


Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year

 **STATE OF RHODE ISLAND**  
DIVISION OF TAXATION \* ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

**SALES & USE TAX RETURN**  
**QUARTERLY**

STQ01200005046030100

Name 1  
Name 2  
Address 1  
Address 2  
City, State Zip+4

**STQ**

PLEASE DO NOT WRITE IN THIS AREA

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

FEDERAL IDENTIFICATION NO. RETURN FOR QUARTER ENDING  
05046030100 MAR 31/00

T-204Q REV 11/99

1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A) \$

2. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS MUST BE INCLUDED IN LINE 4 SCH A ON BACK) \$

3. NET SALES AND USE TAX DUE AND PAID \$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".



# State of Rhode Island

## INCOME TAX FORMS SPECIFICATIONS

### ESTIMATED ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

E = Estimated

Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 8, PROVIDENCE, RI 02908-5810

Form RI-1040-ES  
2000 Payment Voucher

ITE02200005046030100

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

**ITE**

Return this voucher with check or money order payable to the R.I. Division of Taxation, One Capitol Hill, Providence, R.I. 02908-5810. Please do not send cash with this voucher.

**DUE JUNE 15, 2000**

**CALENDAR YEAR**

FISCAL YEAR FILERS ENTER YEAR  
ENDING

YOUR SOCIAL SECURITY NUMBER

050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX.

1. AMOUNT OF  
PAYMENT

\$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## INCOME TAX FORMS SPECIFICATIONS

### 1040V (VOUCHER) ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

V = Voucher

Filing Code - 2 characters

Code = 06

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 3, PROVIDENCE, RI 02908-5801

Form RI 1040-V  
1999

ITV06200005046030100

DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

1. ENTER THE FIRST  
FOUR LETTERS OF YOUR  
LAST NAME

# 1040-V

YOUR SOCIAL SECURITY NUMBER

050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

2. ENTER AMOUNT  
DUE AND PAID

\$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## INCOME TAX FORMS SPECIFICATIONS

### 1040NR-V (VOUCHER) ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

V = Voucher

Filing Code - 2 characters

Code = 06

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 3, PROVIDENCE, RI 02908-5801

Form RI 1040NR-V  
1999

ITV06200005046030100

DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

1. ENTER THE FIRST  
FOUR LETTERS OF YOUR  
LAST NAME

1040NR-V

YOUR SOCIAL SECURITY NUMBER

050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

2. ENTER AMOUNT  
DUE AND PAID

\$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## INCOME TAX FORMS SPECIFICATIONS

4868 ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

A = Automatic Extension

Filing Code - 2 characters

Code = 05

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 3, PROVIDENCE, RI 02908-5801

Form RI-4868  
1999

ITA05200005046030100

Application for Automatic Extension of Time to file R.I. Individual Income Tax Return

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

4868

Enter tentative tax computation

A. Tentative federal income tax	\$	
B. Tentative RI tax (26.5% of Line A)		
C. Total tax withheld, payments & other credits		
D. Balance due (line B less line C)	\$	

YOUR SOCIAL SECURITY NUMBER

050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

ENTER AMOUNT  
DUE AND PAID

\$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## DEFICIENCY NOTICE SPECIFICATIONS

### PERSONAL INCOME TAX BILL ONLY

Form Type - 2 characters  
IB = Income Tax Bill

Calendar year (2000) - 4

Income Tax Code - 3 characters  
Code = 000

Record ID - 11 characters



**STATE OF RHODE ISLAND**  
DIVISION OF TAXATION \* ONE CAPITOL HILL STE 33, PROVIDENCE, RI 02908-5807

**NOTICE OF DEFICIENCY**  
**RI PERSONAL INCOME TAX**

IB2000000005486124800

**RETURN THIS BILL WITH REMITTANCE**

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

SS#: 054-86-1248

# ITB

Date of This Notice:

Tax Period Ended:

Document Locator No:

Balance Payable By:

**TOTAL DUE**

**\$**

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## 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

	<b>STATE OF RHODE ISLAND</b> DIVISION OF TAXATION * ONE CAPITOL HILL STE 21, PROVIDENCE, RI 02908-5813	<b>NOTICE OF WITHHOLDING TAX DUE</b>
WB200000105486124800		
RETURN THIS BILL WITH REMITTANCE		
Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326	ID#: 05486124800	DOCUMENT LOCATOR #:
<b>WTB</b>		
Date of This Notice:		
Tax Period:		
Bill Number:		
Balance Payable By:		

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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

TOTAL DUE

\$

#### 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## CORPORATION TAX FORMS SPECIFICATIONS

### 1120DWR ONLY

System - 2 characters

CT = Corporation Tax

Filing Frequency - 1 character

R = Return

Filing Code - 2 characters

Code = 01

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

**DUE WITH RETURN**

CTR01200005046030100

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

**1120DWR**

For Calendar Year \_\_\_\_\_

Or Taxable Year Beginning \_\_\_\_\_ And Ending \_\_\_\_\_

TAXPAYER IDENTIFICATION #

05046030100

ESTIMATES PAID AND  
CREDITED TO DATE

AMOUNT PAID AS  
EXTENSION REQUEST

AMOUNT DUE WITH  
RETURN FILING

I 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  
ENCLOSED

\$

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 ± 1/8" from BOTTOM of form

Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## CORPORATION TAX FORMS SPECIFICATIONS

7004 ONLY

System - 2 characters

CT = Corporation Tax

Filing Frequency - 1 character

X = Extension

Filing Code - 2 characters

Code = 01

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

**AUTOMATIC SIX MONTH  
EXTENSION REQUEST**

CTX01200005046030100

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

**7004**

For Calendar Year \_\_\_\_\_

Or Taxable Year Beginning \_\_\_\_\_

And Ending \_\_\_\_\_

TAXPAYER IDENTIFICATION #

05046030100

ESTIMATED TAX  
CURRENT YEAR

AMOUNT PAID AND  
CREDITED TO DATE

AMOUNT PAID AS  
EXTENSION REQUEST

I 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  
ENCLOSED

\$

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 ± 1/8" from BOTTOM of form

Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".



# State of Rhode Island

## CORPORATION TAX FORMS SPECIFICATIONS

### Estimated Tax First Estimate Only

System - 2 characters

CT = Corporation Tax

Filing Frequency - 1 character

E = Estimate

Installments - 2 characters

Installment 01 or 02

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

FIRST ESTIMATE

CTE01200005046030100

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

1120ES

IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED

For Calendar Year

Or Taxable Year Beginning

And Ending

TAXPAYER IDENTIFICATION #  
05046030100

TO AMEND ESTIMATE  
USE FORM ON REVERSE AND  
CHECK HERE ☐

1. ESTIMATED TAX FOR  
CURRENT YEAR

2. 40% OF LINE 1

3. LESS AMOUNT FROM  
PRIOR YEAR CREDITED  
TO THIS PAYMENT

4. PAYMENT DUE WITH  
THIS RETURN

I 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

DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE SIXTH MONTH OF THE TAXABLE  
YEAR

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to  
the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## CORPORATION TAX FORMS SPECIFICATIONS

### Estimated Tax Second Estimate Only

System - 2 characters

CT = Corporation Tax

Filing Frequency - 1 character

E = Estimate

Installments - 2 characters

Installment 01 or 02

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

SECOND ESTIMATE

CTE02200005046030100

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

1120ES

IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED

For Calendar Year

Or Taxable Year Beginning

And Ending

TAXPAYER IDENTIFICATION #

05046030100

TO AMEND ESTIMATE  
USE FORM ON REVERSE AND  
CHECK HERE ☐

1. TOTAL ESTIMATED  
TAX

2. AMOUNT PAID AND  
CREDITED TO DATE

3. LINE 1 LESS LINE 2:  
AMOUNT DUE THIS  
PERIOD

I 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

DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE SIXTH MONTH OF THE TAXABLE  
YEAR

4. PAYMENT ENCLOSED

\$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## CORPORATION TAX FORMS SPECIFICATIONS

1120V ONLY

System - 2 characters  
CT = Corporation

Filing Frequency - 1  
R = Return

Filing Code - 2 characters  
Code = 01

Calendar year (2003) - 4 characters

Record ID - 11 characters

STATE OF RHODE ISLAND  
DIVISION OF TAXATION \* ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

Voucher

**CTR01200305046030100**

Name 1  
Name 2  
Address 1  
Address 2  
City State Zip

TAXPAYER IDENTIFICATION #  
**05046030100**

For Calendar Year \_\_\_\_\_  
Or Taxable Year Beginning \_\_\_\_\_ And Ending \_\_\_\_\_

**1120 V**

ESTIMATES PAID AND CREDITED TO DATE	\$																			
AMOUNT PAID AS	\$																			
EXTENSION REQUEST	\$																			
AMOUNT DUE WITH RETURN FILING	\$																			

I 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 ENCLOSED \$

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 3/4 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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

### 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,

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

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## WITHHOLDING TAX FORMS SPECIFICATIONS

### W3 ONLY

FRONT

System - 2 characters

WT = Withholding

Filing Frequency - 1 character

M = Monthly

Filing Code - 2 characters

Code = 99

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809

FORM RI-W3  
2000

WTM99200005046030100

#### RECONCILIATION OF PERSONAL INCOME TAX WITHHELD BY EMPLOYERS

Name 1  
Name 2  
Address 1  
Address 2  
City, State Zip+4

**W3**

1. ENTER PAYMENTS MADE ON EMPLOYER RETURNS OF PERSONAL INCOME TAX  
WITHHELD (FORMS 941M, 941Q)

JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEP
OCT	NOV	DEC

SIGNATURE	
TITLE	DATE
TAXPAYER IDENTIFICATION # 05046030100	
ENTER HERE THE TOTAL NUMBER OF RHODE ISLAND STATE WAGES & TAX STATEMENTS (FORM W2) SENT WITH THIS RECONCILIATION FORM	

IF YOU FILED QUARTER-MONTHLY  
RETURNS, ENTER PAYMENTS FOR  
EACH PERIOD ON BACK OF THIS  
FORM.

**NOTE:**  
EXPLAIN ANY DIFFERENCE IN THE  
AMOUNTS IN ITEMS 2A AND 2B IN  
AN ATTACHED STATEMENT.

#### 2A. TOTAL PAYMENTS

2B. TOTAL TAX WITHHELD  
DURING 2000 AS SHOWN ON  
STATE FORMS TRANSMITTED

\$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to  
the right edge of the last box, must not exceed 2 1/4".

# 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 YEAR - ENTER HERE AND ON LINE 2A (FRONT)					
TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS					

# State of Rhode Island

## SALES TAX FORMS SPECIFICATIONS

### MONTHLY (MOTOR VEHICLE) ONLY

System - 2 characters

ST = Sales Tax

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

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

STM02200005046030100

Name 1  
Name 2  
Address 1  
Address 2  
City, State Zip+4

**STMMV**

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

FEDERAL IDENTIFICATION NO.

05046030100

RETURN FOR MONTH ENDING

FEB 29/00

T-204 M-MV REV 11/99

MOTOR VEHICLE DEALER  
**MONTHLY**  
SALES & USE TAX RETURN

1. SALES & USE TAX DUE FOR THE MONTH (FROM LINE 9 SCH A)

2. PLUS: SALES TAX COLLECTIONS FROM NON-RESIDENTS (FOR THIS MONTH ONLY)

3. NET SALES AND USE TAX DUE AND PAID

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## 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 to 12

Calendar year (2000) - 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

STM03200005046030100

Name 1

Name 2

Address 1

Address 2

City, State Zip+4

STMMVR

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

FEDERAL IDENTIFICATION NO.

05046030100

RETURN FOR MONTH ENDING

MAR 31/00

T-204 MR-MV REV 11/99

MOTOR VEHICLE DEALER  
MONTHLY - QUARTERLY RECONCILIATION  
SALES & USE TAX RETURN

1. SALES & USE TAX DUE FOR THE  
QUARTER (FROM LINE 9 SCH A)

2. LESS: TAX DUE - MONTH 1

3. LESS: TAX DUE - MONTH 2

4. PLUS: SALES TAX COLLECTIONS  
FROM NON-RESIDENTS (FOR THIS  
MONTH ONLY)

5. LESS: CREDIT FOR SALES TAX  
PAID IN OTHER STATES (ITEMS  
MUST BE INCLUDED IN LINE 4  
SCH A ON BACK)

6. NET SALES AND USE TAX  
DUE AND PAID

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 ± 1/8" from BOTTOM of form

Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## SALES TAX FORMS SPECIFICATIONS

### QUARTERLY RECONCILIATION (MOTOR VEHICLE) ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

Q = Quarterly

Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

STQ03200005046030100

MOTOR VEHICLE DEALER

QUARTERLY  
SALES & USE TAX RETURN

NAME TAXPAYER IDENTIFICATION #

ADDRESS

CITY STATE ZIP

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

FEDERAL IDENTIFICATION NO.

05046030100

RETURN FOR QUARTER ENDING

MAR 31/00

T-204Q -MV REV 11/99

STQMV

1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A)

2. LESS: TAX DUE - MONTH 1

3. LESS: TAX DUE - MONTH 2

4. PLUS: SALES TAX COLLECTIONS FROM NON-RESIDENTS (FOR THIS QUARTER)

5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS MUST BE INCLUDED IN LINE 4 SCH A ON BACK)

6. NET SALES AND USE TAX DUE AND PAID

Form Size - 3 2/3" ± 1/16" high by 8 1/8" ± 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" ± 1/8" from BOTTOM of form

Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".





# State of Rhode Island

## 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

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-5804

HD M 03 20 0005046030100

HARD TO DISPOSE MATERIAL  
WHOLESALE TAX RETURN

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

TAXPAYER IDENTIFICATION #  
05046030100

**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
RETURN FOR THE MONTH OF	YEAR
MAR	31/00

A. TOTAL AMOUNT DUE

\$

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to  
the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## TAX FORMS SPECIFICATIONS

### POSTING VOUCHER ONLY

THERE IS NOT A SCAN LINE ON THE POSTING VOUCHER

STATE OF RHODE ISLAND										
DIVISION OF TAXATION * ONE CAPITOL HILL, PROVIDENCE, RI 02908										
POSTING VOUCHER										
Taxpayer ID #		Seq. #		Tax period Ending (Mo./Yr.)			Date			
Tax Code	Tax Type	TDA		Check	MO	Cash				
		(PP)	(FP)							
Assigned to		Prepared by		Determination #						
NAME AND ADDRESS							Tax			
							Assessed Interest	1		
								2		
							Assessed Penalty	1		
								2		

ASSESSED RECEIVED									
PLEASE DO NOT WRITE IN THIS AREA									
ACCRUED INTEREST		\$							
ACCRUED PENALTY		\$							
TOTAL AMOUNT RECEIVED		\$							

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## EXCISE TAX FORMS SPECIFICATIONS

### HOTEL TAX FORM ONLY

System - 2 characters

HO = Hotel

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

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-5804

HOTEL TAX RETURN

HOM01200005046030100

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

**HOM**

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

FEDERAL IDENTIFICATION NO.

05046030100

RETURN FOR MONTH ENDING

JAN 31/00

FORM HOM REV 11/99

1. TOTAL OCCUPANCY  
CONSIDERATION

2. LESS: EXEMPT ENTITIES

3. TAXABLE AMOUNT

4. TOTAL TAX DUE AND PAID  
(LINE 3 MULTIPLIED BY 5%)

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## EXCISE TAX FORMS SPECIFICATIONS

### HEALTH CARE PROVIDER RETURN (NURSING FACILITIES) ONLY

System - 2 characters

HT = Health Care Provider Tax

Filing Type - 1 character


N = Nursing Facilities

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

		<b>STATE OF RHODE ISLAND</b>		<b>HEALTH CARE PROVIDER RETURN</b>												
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811				<b>NURSING FACILITIES</b>												
HTN01200005046030100																
Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326		<table border="1"><tr><td>TAXPAYER IDENTIFICATION #</td></tr><tr><td>05046030100</td></tr><tr><td>LICENSE #</td></tr></table>		TAXPAYER IDENTIFICATION #	05046030100	LICENSE #	<table border="1"><tr><td>1. GROSS PATIENT REVENUE</td><td>\$ 100,000.00</td></tr><tr><td>2. RATE</td><td>\$ 3.55%</td></tr><tr><td colspan="2">PLEASE DO NOT WRITE IN THIS AREA</td></tr><tr><td>3. TOTAL DUE</td><td>\$ 3,550.00</td></tr></table>		1. GROSS PATIENT REVENUE	\$ 100,000.00	2. RATE	\$ 3.55%	PLEASE DO NOT WRITE IN THIS AREA		3. TOTAL DUE	\$ 3,550.00
TAXPAYER IDENTIFICATION #																
05046030100																
LICENSE #																
1. GROSS PATIENT REVENUE	\$ 100,000.00															
2. RATE	\$ 3.55%															
PLEASE DO NOT WRITE IN THIS AREA																
3. TOTAL DUE	\$ 3,550.00															
PERIOD COVERED:																
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE, IS A TRUE, CORRECT AND COMPLETE RETURN.																
SIGNATURE		DATE														
TITLE																

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

**HEALTH CARE PROVIDER RETURN (GROUP HOME) ONLY**

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## EXCISE TAX FORMS SPECIFICATIONS

### LITTER CONTROL PARTICIPATION PERMIT ONLY

System - 2 characters

ST = Sales Tax

Filing Type - 1 character

L = Litter Application

Filing Code - 2 characters

Code = 00

Calendar year (2000) - 4 characters

Record ID - 11 characters

		<b>STATE OF RHODE ISLAND</b> DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-5804		<b>APPLICATION FOR LITTER CONTROL PARTICIPATION PERMIT</b>	
STL00200005046030100					
Jonathan McDonnell 351 South Main St. Providence, RI 02908-5326					
<b>LITTER</b>			1. SHOW GROSS RECEIPTS HERE		
TAXPAYER IDENTIFICATION # 05046030100			Number of Vending Machines (If filing for a Class V permit) <input type="text"/>		
A. I/WE MAKE APPLICATION FOR A CLASS <input type="checkbox"/> PERMIT FOR THE LOCATION ABOVE AND, UNDER PENALTIES OF PERJURY, CERTIFY THAT THE INFORMATION IS TRUE, CORRECT AND					
SIGNATURE		DATE		ENTER TOTAL FEE DUE AND PAID \$ <input type="text"/>	
		TELEPHONE NUMBER			

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

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

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

# State of Rhode Island

## CORPORATION TAX FORMS SPECIFICATIONS

### SHORT FORM ONLY

System - 2 characters

CT = Corporation Tax

Filing Type - 1 character

S = Short Form

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

CORPORATION TAX RETURN  
SHORT FORM 1120A(S)  
MINIMUM TAX FILERS ONLY

CTS01200005046030100

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

TAXPAYER IDENTIFICATION #  
05046030100

**1120A(S)**

TAX YEAR BEGINNING	TAX YEAR
SIGNATURE OF OFFICER OR AUTHORIZED REPRESENTATIVE	
PRINT NAME	DATE
PHONE NUMBER	

5. RHODE ISLAND BUSINESS CORPORATION TAX	2	5	0	0	0
6. LESS PAYMENTS MADE FOR TAXABLE YEAR					
7. LESS REFUND TO TAXPAYER					
8. LESS CREDIT TO 2000 ESTIMATED TAX					
9. AMOUNT DUE (OVERPAYMENT) LINE 5 MINUS LINE 8					

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 ± 1/8" from BOTTOM of form  
Scan line ends 4 1/2 inches ± 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.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".



