

T69-ESSLBDEC

STATE OF RHODE ISLAND
DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX

SURPLUS LINES BROKER

Federal I.D. #: _____ Calendar Year 2002
Name and Address: _____

1. Total Tax for Prior Year	_____
2. Estimated Tax for Current Year	_____
3. 25% of Line 2	_____
4. Less Prior Year Amount Applied to Current Year	_____
5. PAYMENT DUE WITH THIS RETURN-Line 3 less Line 4	_____

File this declaration together with amount due to:

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

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON APRIL 30TH

I declare under the penalties of perjury that this declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete declaration.

Signature of Officer or Agent _____ Title _____

-----PLEASE TEAR HERE-----

T69-ESSLB

SECOND ESTIMATE

STATE OF RHODE ISLAND

SURPLUS LINES BROKER

SURPLUS LINES BROKER ESTIMATED TAX

Federal I.D. #: _____ Calendar Year 2002
Name and Address: _____

1. Total Estimated Tax for Current Year	_____
2. 25% of Line 1	_____
3. Less Amount From Prior Year Credit Applied to This Payment	_____
4. PAYMENT DUE WITH THIS VOUCHER-Line 2 Less Line 3	_____

File this estimated tax payment with amount due to:

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

LINE 4 IS DUE AND PAYABLE ON OR BEFORE JUNE 30TH

Signature of Officer or Agent _____ Title _____

-----PLEASE TEAR HERE-----

T69-ESSLB

THIRD ESTIMATE

STATE OF RHODE ISLAND

SURPLUS LINES BROKER

SURPLUS LINES BROKER ESTIMATED TAX

Federal I.D. #: _____ Calendar Year 2002
Name and Address: _____

1. Total Estimated Tax for Current Year	_____
2. 25% of Line 1	_____
3. Less Amount From Prior Year Credit Applied to This Payment	_____
4. PAYMENT DUE WITH THIS VOUCHER-Line 2 Less Line 3	_____

File this estimated tax payment with amount due to:

THE DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 01908-5811

LINE 4 IS DUE AND PAYABLE ON OR BEFORE OCTOBER 30TH

Signature of Officer or Agent _____ Title _____

-----PLEASE TEAR HERE-----

T69-ESSLB

FOURTH ESTIMATE

STATE OF RHODE ISLAND

SURPLUS LINES BROKER

SURPLUS LINES BROKER ESTIMATED TAX

Federal I.D. #: _____ Calendar Year 2002
Name and Address: _____

1. Total Estimated Tax for Current Year	_____
2. 25% of Line 1	_____
3. Less Amount From Prior Year Credit Applied to This Payment	_____
4. PAYMENT DUE WITH THIS VOUCHER-Line 2 Less Line 3	_____

File this estimated tax payment with amount due to:

THE DIVISION OF TAXATION
ONE CAPITOL HILL
PROVIDENCE, RI 01908-5811

LINE 4 IS DUE AND PAYABLE ON OR BEFORE DECEMBER 31ST

Signature of Officer or Agent _____ Title _____

ESTIMATED VOUCHER INSTRUCTIONS FOR SURPLUS LINES BROKERS

calendar year can reasonably be expected to exceed \$500.00. The entire amount of such estimated tax shall consist of advance required to be paid.

The due dates and amounts of the installments are as follows:

April 30th
June 30th
October 30th
December 31st

Each installment shall be 25% of the total estimated tax due for the calendar year.

2. There is required in addition to the tax of 12% per annum for underpayment and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.

NOTE

When there is not an increase in the tax rate from one year to the next, no interest or penalty will occur for tax payment if prepayments are made equal to the prior year's tax.