



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF REVENUE
 DIVISION OF TAXATION
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908

QUARTERLY RECONCILIATION FORM FOR EFT FILERS

SALES AND USE TAX RETURN TO BE FILED BY SELLERS OF TANGIBLE PERSONAL PROPERTY
 (Consumers should use Form T-205 for reporting Use Tax)
 Any change in organization or ownership **REQUIRES** a new permit.

Name		
Address		
City, Town or Post Office	State	Zip code

Have you sold or closed your business?..... Yes If yes, on what date? _____
 Will this be your last return?..... Yes No

Taxpayer ID	For the Quarter Ending
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A. Total Net Taxable Sales for quarter (NOTE: Line A must equal total of line 9 from the worksheet on reverse)	A.	
B. 1. Amount of tax - Multiply line A by 7% (.07).....	B1.	
2. Sales tax collections from non-residents (MOTOR VEHICLE DEALERS ONLY).....	B2.	
3. Total Tax - Add lines B1 & B2.....	B3.	
C. 1. Month 1 of Quarter.....	C1.	
2. Month 2 of Quarter.....	C2.	
3. Month 3 of Quarter.....	C3.	
4. Total tax remitted via EFT - Add lines C1, C2 and C3.....	C4.	
D. 1. Less credit for sales tax paid in other states.....	D1.	
2. Less credit for prepaid sales tax on cigarettes.....	D2.	
3. Total add lines D1 & D2.....	D3.	
E. Total amount due or credit - Line B3 less line C4 less line D3 (NOTE: Line E should equal zero).....	E.	

I hereby certify that I have personal knowledge of the information constituting this return; that all statements contained herein are true, correct, and complete to the best of my knowledge and belief and that this return is made under penalty of perjury.

Name of Firm	
Signature of Owner, Partner or Authorized Officer	Date
Title of Authorized Officer or Agent Signing Return	

