

T69-ESSLBDEC

STATE OF RHODE ISLAND  
DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX

SURPLUS LINES BROKER

Federal I.D. #: \_\_\_\_\_ Calendar Year 2006  
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 2006  
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 2006  
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 2006  
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

1. Every Surplus Lines Broker shall file a declaration of its estimated tax for the calendar year, if its estimated tax for such calendar year can reasonably be expected to exceed \$500.00. The entire amount of such estimated tax shall constitute the amount 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 and 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 underestimated tax payment if prepayments are made equal to the prior year's tax.