

199
TAX YEAR

STATE OF RHODE ISLAND
DIVISION OF TAXATION — ONE CAPITOL HILL, PROV., RI 02908-5809

FORM 941-A-RI

EMPLOYER'S ANNUAL RETURN — WAGES PAID NOT SUFFICIENT TO REQUIRE WITHHOLDING

EMPLOYER'S FEDERAL IDENTIFICATION NO.	EMPLOYER'S STATE IDENTIFICATION NO.

IF THIS IS A FINAL RETURN
CHECK THE APPROPRIATE BOX BELOW

- BUSINESS SOLD
 CEASED PAYING WAGES
 BUSINESS PERMANENTLY DISCONTINUED

CHECKMARK THE APPROPRIATE BOXES AND COMPLETE THE REQUIRED INFORMATION IN ITEMS 1 THROUGH 4 BELOW.

FOR OFFICE USE ONLY

1 - THE WAGES PAID DURING THE TAX YEAR WERE NOT SUFFICIENT TO REQUIRE WITHHOLDING ACCORDING TO THE RHODE ISLAND INCOME TAX WITHHOLDING TAX TABLES.

2 - DID NOT PAY WAGES DURING THE TAX YEAR

3 - ENTER HERE THE NUMBER OF RHODE ISLAND WAGE AND TAX STATEMENTS (FORM W-2) SENT WITH THIS FORM.

FOR OFFICE USE ONLY

4 - TO THE BEST OF MY KNOWLEDGE FOR THE NEXT CALENDAR YEAR.

- A. DO NOT EXPECT TO BE REQUIRED BY THE RHODE ISLAND INCOME TAX WITHHOLDING TAX TABLE TO WITHHOLD TAX FORM EMPLOYEE WAGES.
B. EXPECT TO WITHHOLD LESS THAN \$50. A MONTH.
C. EXPECT TO WITHHOLD \$50. OR MORE BUT LESS THAN \$600. MONTHLY
D. EXPECT TO WITHHOLD \$600. OR MORE MONTHLY.

NOTE: WHEN YOU ARE REQUIRED TO WITHHOLD ACCORDING TO THE TAX TABLE YOU MUST FILE QUARTERLY, MONTHLY OR SEMI-MONTHLY RETURNS SEE EMPLOYERS INSTRUCTIONS (FORM 941Q, 941M OR 941SM) FOR FILING REQUIREMENTS.

EMPLOYER'S ID NO
1 2 3 4 5 6 7 8 9 10

SIGNATURE

TITLE

DATE