TX-17(Revised 2/3/2004)

QUARTERLY TAX AND WAGE REPORT
DIVISION OF TAXATION - EMPLOYER TAX SECTION

ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829
Telephone (401) 222 - 3682
Hearing Impaired (401) 222 - 6287

IMPORTANT: This Report should include information only for the quarter indicated. Corrections or adjustments for other quarters must be submitted separately with a letter of explanation. All Rhode Island employers, including those not required to complete the tax section of this report, must complete the employee wage report section of this report. Return the completed form to the above address. Please complete all items. Enter "0" where appropriate. Make check payable to RIET.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS TRUE AND ACCURATE AS REFLECTED BY THE PAYROLL RECORDS OF THIS FIRM.

SIGNED TITLE

R.I. Employer Account Number: This Report is for the Year and Quarter: **2004/** and is Due on or Before:

1. Enter the number of employees for the payroll period including the 12th of the month. (See Item 1 on Instruction Sheet.) _____ Month 1 _____ Month 2 _____ Month 3

2. Enter TOTAL WAGES PAID during the Quarter	$			**TAX COMPUTATION**				
				TAX RATE			**TAX AMOUNT DUE**	
3. ES Taxable Wages per Employee **(First $ 14,000)**	$ -	X	4			=	5	$ -
6. JDF Taxable Wages per Employee **(First $ 14,000)**	$ -	X	7	.0021	(0.21%)	=	8	$ -
9. TDI Taxable Wages per Employee **(First $ 46,800)**	$ -	X	10	.0150	(1.5%)	=	11	$ -

12. Total ES, JDF,TDI TAX DUE: $ -

13. Has a change in Ownership, Location, or Industrial Nature occurred during the Quarter?_____

14. Enter last day wages were paid during the Quarter_____MON. _____DAY _____YR.

Check Box if Payment is made by EFT ☐

EMPLOYEE QUARTERLY WAGE INFORMATION: If more space is needed, attach pages with similar format

15. SOC.SEC. NO	**16**. LAST NAME 1ST INITIAL	**17**. TOTAL WAGE FOR QTR.	**15**. SOC. SEC.NO	**16**. LAST NAME 1ST INITIAL	**17**. TOTAL WAGE FOR QTR.

18. TOTAL WAGES ALL PAGES $

H:\tx17all-same format

INSTRUCTIONS FOR COMPLETING EMPLOYER'S TAX AND WAGE REPORT

1. Enter in the space next to each month designated, the number of full-time and part-time covered workers (subject to the R.I. Employment Security Act) who performed services during or received pay for the payroll which includes the twelfth of the month. If no employment in the payroll period, enter zero.
2. Enter all wages paid in this calendar quarter whether in money or in kind, such as meals and lodging. (This total must agree with the amount in Item 18. DO NOT include wages paid to employees who performed services which are exempt under the Rhode Island Employment Security law. For example, an individual owner of business should not report wages to his/her spouse or his/her children under 18 years of age. Refer to Employer Handbook for other specific exemptions.
3. Follow the instructions in Item 2, but exclude wages paid by you in excess of the E.S. wage base ($14,000.00 FOR 2004) to any worker during the year.
4. This is your Employment Security contribution rate.
5. Compute and enter the dollar amount of Employment Security taxes due by multiplying the dollar amount in Item 3 by the percentage figure in Item 4.
6. Follow the instructions in Item 2, but exclude wages paid by you in excess of the J.D.F. wage base ($14,000.00 for 2004) to any worker during the year.
7. This is your Job Development Fund rate.
8. Compute and enter the dollar amount of Job Development taxes due by multiplying the dollar amount in Item 6 by the percentage figure in Item 7.
9. Follow the instructions in Item 2, but exclude wages paid by you in excess of the T.D.I. wage base ($46,800.00 for 2004) to any worker during the year.
10. This is your Temporary Disability Insurance rate.
11. Compute and enter the dollar amount of Temporary Disability taxes due by multiplying the dollar amount in Item 9 by the percentage figure in Item 10, or enter the amount withheld, whichever is greater.
12. Enter the sum of Items 5, 8, and 11. Make ONE check payable to RIET.
13. If answer is "yes", please attach an explanation.
14. Enter the last date wages were paid within the quarter covered by the report. If no wages were paid during the quarter, write "None."
15. Enter the social security number of every employee to whom you have paid wages during the quarter.
16. Enter the last name, and the first initial of every employee to whom you have paid wages during the quarter.
17. Enter the total amount of wages paid to each employee during the quarter, whether or not the wages paid to an employee exceed the wage base in effect for the year.
18. Enter the sum of all wages listed on this page plus any additional pages. If this amount is not equal to the amount in Item 2, please explain the difference.

NOTE: If no wages were paid during the quarter, write "NONE" in this item.

PLEASE BE SURE THE FORM IS SIGNED IN THE SPACE AT THE TOP OF THE FORM BY A RESPONSIBLE PARTY OF YOUR FIRM.

GENERAL REPORTING REQUIREMENTS (Items 15 through 18)

WHO MUST COMPLETE THIS SECTION - This section must be completed and filed by all Rhode Island employers, including those not required to complete Items 1 through 14 of this report.
WHICH EMPLOYEES TO REPORT - Report only employees to whom subject wages were paid during the quarter.

PRIOR QUARTER ADJUSTMENTS

This report should include information only for the current quarter. Corrections or adjustments for previously reported quarters must be submitted separately with a letter of explanation.

OPTIONAL REPORTING FORMATS

Quarterly wage information may be submitted on computer listings, typed or hand-written provided they meet the following guidelines:
1. The format must be similar to the Wage section of the Report.
2. All pages must contain your company's name and Rhode Island employer account number. Pages larger than 8-1/2" X 11" are not acceptable.
3. Attach all listings to this report.

PLEASE BE LEGIBLE-Please type or print all entries to ensure the proper recording of information being reported.

INTEREST AND PENALTIES

Employers who fail to file quarterly tax reports and make contributions by the due date will be assessed interest at the rate of 1-1/2% per month and penalties of $10.00 for failure to file quarterly tax reports and 10% for failure to make contributions to each fund.

Employers who fail to file quarterly wage information by the due date shall pay a penalty of twenty-five dollars ($25.00) for each such failure or refusal to file. An additional penalty of twenty-five dollars ($25.00) shall be assessed for each month the report is delinquent; provided, however, that the foregoing penalty shall not exceed one hundred and fifty dollars ($150.00) for any one report.