

State of Rhode Island and Providence Plantations  
Department of Revenue - Division of Taxation  
One Capitol Hill  
Providence, RI 02908-5811

**Outpatient Health Care Facility Surcharge Return**

For the Month of: \_\_\_\_\_  
Due Date: 25th day of the following month

Federal Identification Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Calculation of amounts due:

- |  |          |
|--|----------|
| 1. Net Patient Services Revenue Received                                   | 1. _____ |
| 2. Outpatient Health Care Facility Surcharge ( Line 1 multiplied by 2.0% ) | 2. _____ |
| 3. Interest ( As provided in R.I.G.L. 44-1-7 )                             | 3. _____ |
| 4. Penalty ( 10% )   | 4. _____ |
| 5. TOTAL DUE ( Add lines 2, 3 and 4 )                                      | 5. _____ |

\_\_\_\_\_  
Date Signature Title

Telephone Number: \_\_\_\_\_

(Under penalties of perjury, I declare that I have examined this return and to the best of my knowledge it is true, correct and complete.)

**Instructions:**

Line 1: Net Patient Services Revenue Received means all monies and other consideration received in that month for patient care services.

Interest rate is 18% per annum. Interest is calculated from the due date of the return to date of remittance.

Penalty of 10% of the assessment is payable if remittance is not made by the due date.

After November 1, 2007, payments shall be made by Electronic Funds Transfer (EFT).  
Questions regarding EFT transfers may be directed to (401) 222-6282.