

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

Imaging Services 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 Imaging Revenue Received | 1. _____ |
| 2. Imaging Services 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 Imaging Revenue Received means all monies and other consideration received in that month for the provision of imaging 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.