



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF REVENUE - DIVISION OF TAXATION
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908

QUARTERLY RECONCILIATION FORM FOR EFT FILERS
 RI E 9-1-1 UNIFORM EMERGENCY TELEPHONE SYSTEM
 WIRELESS SERVICE PROVIDERS

\$1.00 WIRELESS SURCHARGE

Company Name:	
Address:	
City, Town or Post Office:	
State:	Zip Code:

Federal Identification Number:
Quarter Ending:

WIRELESS SERVICE PROVIDERS

Indicate the total number of telecommunications instruments, devices, or means, including prepaid and VoIP, that can access, connect, or interface with the RI E 9-1-1 Uniform Emergency Telephone System.

** Note: If you are completing this form, you must also complete the "\$0.26 Wireless Surcharge" form.**

Due by the last day of the month following the end of each quarter.

1.	Total number of instruments for the quarter: _____ @ \$1.00 each	\$	
2A.	Amount paid in month 1 of the quarter	\$	■
2B.	Amount paid in month 2 of the quarter	\$	■
2C.	Amount paid in month 3 of the quarter	\$	■
3.	Total Payments (Add lines 2A, 2B and 2C - should equal line 1.)	\$	■

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

Signature	Title	Date
Print Name	Telephone Number	

Mail to: Rhode Island Division of Taxation
 Excise Tax Section
 One Capitol Hill
 Providence, RI 02908-5800