



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  
 WIRELINE SERVICE PROVIDERS

**\$1.00 WIRELINE SURCHARGE**

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

Federal Identification Number:
Quarter Ending:

**WIRELINE SERVICE PROVIDERS**

Indicate the total number of access lines, user interface number(s), extension number(s), or line(s), trunk(s), or path(s) that can access, connect, or interface with the RI E 9-1-1 Uniform Emergency Telephone System.

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

If the company is a reseller and the surcharge payment is remitted by a wholesaler, provide all of the required information and check the box.

1. Total number of lines 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