

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
DEPARTMENT OF REVENUE  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908  
(401) 574-8955 OR FAX (401) 574-8914

**EXCISE SECTION**  
**ALCOHOLIC BEVERAGE IMPORT SERVICE FEE RETURN**

FOR THE MONTH OF:	LICENSE NUMBER:	
WHOLESALER NAME		
ADDRESS		
CITY	STATE	ZIP CODE

THIS SPACE FOR TAX  
DIVISION USE ONLY

**INSTRUCTIONS**

**FILING DATE** - This return is to be filed with the Rhode Island Division of Taxation on or before the 5th business day after the close of the calendar month. Payment must accompany this return. **THIS RETURN MUST BE FILED MONTHLY.**

**FEE COMPUTATION** - Enter the total gallons of each type received during the above filing period, less credits (military, out of state sales). Multiply this amount by the applicable rate to determine the fee due for each category. Add lines 1 through 8 under the "Fee Due" column and enter the result on line 9. Carry the amount on line 9 to line 11 if interest is not applicable. **NOTE: Low proof distilled spirits are 30 proof or below.**

**FEE COMPUTATION SCHEDULE**

	TYPE	GALLONS RECEIVED	LESS CREDIT GALLONS	NET GALLONS RECEIVED	RATE PER GALLON	FEE DUE
1	Distilled Spirits				X \$3.75	
2	Low Proof Distilled Spirits				X \$1.10	
3	Ethyl Alcohol - Medicinal Purposes				X \$3.75	
4	Ethyl Alcohol - Beverage Purposes				X \$7.50	
5	Ethyl Alcohol - Non-Beverage Purposes				X \$0.08	
6	Still Wine				x \$0.60	
7	Sparkling Wine				X \$0.75	
8	Malt Beverage Barrels				X \$3.00 per Barrel	
9	<b>TOTAL FEE DUE</b>					
10	Interest					
11	<b>TOTAL AMOUNT DUE</b>					

The undersigned \_\_\_\_\_, hereby certifies that he/she is properly authorized to sign this return, the he/she has personal knowledge of the figures and that this return and the information herein contained are true. The undersigned also hereby declares that this return is made under the penalty of perjury.

\_\_\_\_\_  
Authorized Agent

\_\_\_\_\_  
Date