

**DECLARATION OF BANK DEPOSITS
ESTIMATED TAX VOUCHER INSTRUCTIONS**

1. Every financial institution liable for the bank deposits tax shall file a declaration of its estimated tax for the calendar year if its estimated tax for such taxable year can reasonably be expected to exceed \$500.00.
2. The amounts and due dates of the installments are as follows:
 --> 40% by March 15th of the calendar year
 --> 60% by June 15th of the calendar year.
3. Every financial institution is subject to an assessment of 18% per annum for underpayments and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.
4. Mail voucher and payment to: RI Division of Taxation
 One Capitol Hill - Suite 9
 Providence, RI 02908-5807

Payments can be made online. For more information, visit: <https://www.ri.gov/taxation/business/index.php>

T69-ESBD

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5807

2010
Calendar Year

**DECLARATION OF BANK DEPOSITS ESTIMATED TAX
SECOND ESTIMATE**

NAME
ADDRESS
CITY, STATE, ZIP CODE
TAXPAYER IDENTIFICATION #

**T69-
ESBD**

1. TOTAL TAX FOR PRIOR YEAR	\$								0	0
2. ESTIMATED TAX FOR CURRENT YEAR	\$								0	0
3. 60% OF LINE 2	\$								0	0
4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT	\$								0	0
5. PAYMENT DUE WITH THIS VOUCHER	\$								0	0

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, and complete.

Signature of Officer or Agent

Title

Date

Key #10

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE JUNE 15TH

T69-ESBD

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5807

2010
Calendar Year

**DECLARATION OF BANK DEPOSITS ESTIMATED TAX
FIRST ESTIMATE**

NAME
ADDRESS
CITY, STATE, ZIP CODE
TAXPAYER IDENTIFICATION #

**T69-
ESBD**

1. TOTAL TAX FOR PRIOR YEAR	\$								0	0
2. ESTIMATED TAX FOR CURRENT YEAR	\$								0	0
3. 40% OF LINE 2	\$								0	0
4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT	\$								0	0
5. PAYMENT DUE WITH THIS VOUCHER	\$								0	0

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, and complete.

Signature of Officer or Agent

Title

Date

Key #10

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE MARCH 15TH