

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

PREPAID WIRELESS
TELECOMMUNICATIONS
QUARTERLY

TE	MP	ORARY	40,		
Use in lieu o	of prep	rinted coupon booklet			
INAME		D	W/T/		
			WTQ		
ADDRESS	FEC	DERAL IDENTIFICATION NUMBER			
	RE	TURN FOR QUARTER ENDING	SEPTEM	BER 2010	
CITY, STATE, ZIP CODE	11-	Total Amount of Prepaid Wireles	s Telecommunications		
OIT, STATE, ZIF GODE		Retail Sales Transactions Subject to the 2.5% Charge 2 2.5% Charge - Multiply Line 1 by 2.5% (0.025)			
	$\vdash$	3 1% Administrative Deduction - Multiply Line 2 by 1% (0.01)		1)	
I HEREBY CERTIFY THAT THIS RETURN TO THE BEST OF MY KNOWLEDGE	-	TAX AMOUNT	nulliply Life 2 by 1 % (0.0	<u>'/ </u>	
BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.	AND	DUE AND PAID (Line 2 minus Line 3)			
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT		TITLE	DATE		
STATE OF RHODE ISLAND AND PE DIVISION OF TAXATION - ONE CAPITOL	HILL		NS TELEC	AID WIRELESS OMMUNICATIONS ARTERLY	
		rinted coupon booklet			
NAME		·			
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ADDRESS	FEE	DERAL IDENTIFICATION NUMBER			
	-		DECEM	DED 2010	
		FURN FOR QUARTER ENDING  Fotal Amount of Prepaid Wireles		DECEMBER 2010	
CITY, STATE, ZIP CODE		Retail Sales Transactions Subje	ct to the 2.5% Charge		
	$\vdash$	2.5% Charge - Multiply Line 1 b	, ,		
	3 ′	1% Administrative Deduction - N	Multiply Line 2 by 1% (0.0	1)	
I HEREBY CERTIFY THAT THIS RETURN TO THE BEST OF MY KNOWLEDGE BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.	AND	TAX AMOUNT DUE AND PAID			
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT		(Line 2 minus Line 3)	DATE		
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	HILL MP	PROVIDENCE, RI 02908 ORARY rinted coupon booklet	NS TELEC QUA	AID WIRELESS OMMUNICATIONS ARTERLY	
NAME		P	WTQ		
ADDRESS	[				
	_	DERAL IDENTIFICATION NUMBER			
		FURN FOR QUARTER ENDING	Talaaayaa ii ii	20	
CITY, STATE, ZIP CODE		Total Amount of Prepaid Wireless Telecommunications Retail Sales Transactions Subject to the 2.5% Charge			
	2 2	2.5% Charge - Multiply Line 1 b	y 2.5% (0.025)		
	3	1% Administrative Deduction - N	Multiply Line 2 by 1% (0.0	1)	
I HEREBY CERTIFY THAT THIS RETURN TO THE BEST OF MY KNOWLEDGE BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN.	AND	TAX AMOUNT DUE AND PAID			
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT		(Line 2 minus Line 3)	DATE		