



TEMPORARY

Use in lieu of preprinted coupon booklet

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|-----------------------|
| NAME |
| ADDRESS |
| CITY, STATE, ZIP CODE |

WTQ

| | |
|-------------------------------|--|
| FEDERAL IDENTIFICATION NUMBER | |
| RETURN FOR QUARTER ENDING | |

| | | |
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| I HEREBY CERTIFY THAT THIS RETURN TO THE BEST OF MY KNOWLEDGE AND BELIEF IS A TRUE, CORRECT AND COMPLETE RETURN. | TAX AMOUNT DUE AND PAID | <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> , <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/> |
| | SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT | TITLE <input type="text"/> DATE <input type="text"/> |



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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF REVENUE
DIVISION OF TAXATION

INSTRUCTIONS FOR PREPARING QUARTERLY RETURN

DUE LAST DAY OF APRIL, JULY, OCTOBER AND JANUARY FOR PRECEDING THREE (3) MONTHS (CALENDAR QUARTER)

GENERAL INSTRUCTIONS

- a. Enter the employer's name and address in the appropriate sections above.
- b. Enter the employer's Federal Identification Number in the section marked "FEDERAL IDENTIFICATION NUMBER".
- c. Enter the quarter covered by this return in the section marked "RETURN FOR QUARTER ENDING". Returns and remittances should be for all income taxes withheld from wages paid during the quarter.
- d. Enter the amount withheld and remitted in the section marked "TAX AMOUNT DUE AND PAID".
- e. The return must be signed. The person signing must also identify themselves as "owner", "partner", or in the case of a corporation, "treasurer" etc.

WHO MUST USE THIS FORM

This form must be used by employers who withhold less than \$50.00 from employees' wages for any calendar month.

Consecutive returns for each calendar quarter accounting for all taxes withheld during the year must be filed by an employer required to report quarterly. If no tax was withheld during a particular quarter, a return is still required to be filed for such quarter. In this case, enter \$0 in the "TAX AMOUNT DUE AND PAID" box.

If the amount withheld reaches or exceeds \$50.00 for any calendar month, the employer must begin to file monthly, quarter/monthly or daily as required.

An annual reconciliation of tax withheld must be filed by the employer with the Division of Taxation on or before February 28th.

Electronic Funds Transfer (EFT) is mandated for some taxpayers. Both ACH credit and ACH debit methods are available. For information or authorization on Electronic Funds Transfer, please call (401) 574-8732 or (401) 574-8901. You can also visit www.tax.ri.gov/onlineservices/ for more information.