## DECLARATION OF GROSS PREMIUM INSURANCE
## ESTIMATED TAX VOUCHER INSTRUCTIONS

1. Every insurance company liable for the gross premium 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. The entire amount of such estimated tax shall constitute the amount of advance required to be paid.
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 insurance company 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. When there is not an increase in the tax rate from one year to the next, no interest or penalty will occur for underestimated tax payment, if prepayments are made equal to the prior year's tax.
5. Mail voucher and payment to: RI Division of Taxation
   One Capitol Hill - Suite 9
   Providence, RI 02908-5814

**Payments can be made online. For more information, visit: https://www.ri.gov/taxation/business/index.php**
**If your estimate is zero or you make your payment online, you do not need to send in this estimated tax form.**

---

**T69-ESINS**

**STATE OF RHODE ISLAND**
**DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814**

**2012**
**Calendar Year**

# DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX
## SECOND ESTIMATE

NAME

ADDRESS

CITY, STATE, ZIP CODE

TAXPAYER IDENTIFICATION #

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

**T69-ESINS**

**Key #13**

| | | |
|---|---|---|
| 1. TOTAL TAX FOR PRIOR YEAR | $ | .00 |
| 2. ESTIMATED TAX FOR CURRENT YEAR | $ | .00 |
| 3. 60% OF LINE 2 | $ | .00 |
| 4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT | $ | .00 |
| 5. PAYMENT DUE WITH THIS VOUCHER | $ | .00 |

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

---

**T69-ESINS**

**STATE OF RHODE ISLAND**
**DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814**

**2012**
**Calendar Year**

# DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX
## FIRST ESTIMATE

NAME

ADDRESS

CITY, STATE, ZIP CODE

TAXPAYER IDENTIFICATION #

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

**T69-ESINS**

**Key #13**

| | | |
|---|---|---|
| 1. TOTAL TAX FOR PRIOR YEAR | $ | .00 |
| 2. ESTIMATED TAX FOR CURRENT YEAR | $ | .00 |
| 3. 40% OF LINE 2 | $ | .00 |
| 4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT | $ | .00 |
| 5. PAYMENT DUE WITH THIS VOUCHER | $ | .00 |

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