

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

- 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.
- 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.
- 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.
- Mail voucher and payment to: RI Division of Taxation  
 One Capitol Hill - Suite 9  
 Providence, RI 02908-5811

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.

**T-69ES-BD**

STATE OF RHODE ISLAND  
 DIVISION OF TAXATION \* ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

**2013**  
 Calendar Year

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

NAME
ADDRESS
CITY, STATE, ZIP CODE
FEDERAL EMPLOYER IDENTIFICATION NUMBER

**T-69ES-BD**

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
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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

**T-69ES-BD**

STATE OF RHODE ISLAND  
 DIVISION OF TAXATION \* ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

**2013**  
 Calendar Year

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

NAME
ADDRESS
CITY, STATE, ZIP CODE
FEDERAL EMPLOYER IDENTIFICATION NUMBER

**T-69ES-BD**

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
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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