

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF REVENUE
DIVISION OF TAXATION - EXCISE TAX SECTION
ONE CAPITOL HILL
PROVIDENCE, RI 02908
(401) 574-8955 OR FAX (401) 574-8914

**ALCOHOLIC BEVERAGE RETURN FOR WHOLESALERS AND MANUFACTURERS
RIGL CHAPTER 3-10**

Check one: <input type="checkbox"/> Wholesaler - Key #19 <input type="checkbox"/> Manufacturer - Key #43		
FOR THE PERIOD OF:		LICENSE NUMBER:
NAME		
ADDRESS		
CITY	STATE	ZIP CODE

INSTRUCTIONS

FILING DATE: WHOLESALER: This return is to be filed with the Rhode Island Division of Taxation on or before the 10th business day after the close of the month. Payment must accompany this return.

MANUFACTURER: This return is to be filed with the Rhode Island Division of Taxation on or before the 10th business day after the close of the quarter. Payment must accompany this return.

FEE/TAX COMPUTATION: Enter the total gallons of each type received or manufactured for sale in this state during the above filing period, less credits (out of state sales). Multiply this amount by the applicable rate to determine the fee/tax due for each category. Add lines 1 through 8 under the "Fee/Tax Due" column and enter the result on line 9. Carry the amount from line 9 to line 11 if interest is not applicable.

FEE/TAX COMPUTATION SCHEDULE						
	TYPE	GALLONS RECEIVED	LESS CREDIT GALLONS	NET GALLONS RECEIVED	RATE PER GALLON	FEE/TAX DUE
1	Distilled Spirits				X \$5.40	
2	Low Proof Distilled Spirits - 30 Proof or below				X \$1.10	
3	Ethyl Alcohol - Beverage Purposes				X \$7.50	
4	Ethyl Alcohol - Non-Beverage Purposes				X \$0.08	
5	Still Wine				x \$1.40	
6	Still Wine - From instate fruit - MANUFACTURERS ONLY -				x \$0.30	
7	Sparkling Wine				X \$0.75	
8	Malt Beverage Barrels				X \$3.30 per Barrel	
9	TOTAL FEE/TAX DUE					
10	Interest					
11	TOTAL AMOUNT DUE					

The undersigned _____, hereby certifies that he/she is properly authorized to sign this return, that he/she has personal knowledge of the figures and that this return and the information herein contained are true. The undersigned also hereby declares that this return is made under the penalty of perjury.

Your Signature →

Date

May the division contact your preparer about this return? Yes Preparer's name (please print):

Paid preparer's signature and address

SSN, PTIN or EIN

Telephone number

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