State of Rhode Island and Providence Plantations

Form BUS-EST

Business Tax Estimated Payment Form

13111299990101

Name	Federal employer identification number
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	99-9999999
Address	**For the period ending:**
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	12/31/2014
Address 2	
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	

City, town or post office	State	ZIP code	E-mail address
xxxxxxxxxxxxxxxxxxxxxxxxxx	xx	99999	xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

1st estimate is due by the 15th day of the third month of the taxable year; 2nd estimate is due by the 15th day of the sixth month of the taxable year

Part 1: Declaration of estimated tax

Check the box next to the form for which you are making an estimated payment. Check only one box.

- [x] Form RI-1120POL - Rhode Island Political Organization - Key #77
- [x] Form T-71 - Rhode Island Gross Premium Insurance - Key #13
- [x] Form T-72 - Rhode Island Public Service Corporation Gross Earnings - Key #22
- [x] Form T-74 - Rhode Island Banking Institution Excise - Key #11
- [x] Form T-86 - Rhode Island Bank Deposits - Key #10

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

Part 2: Amount due with estimate

1	Total tax from prior year	1	9999999999 99
2	Estimated tax due for the current year	2	9999999999 99
3	Estimated tax payment due (40% for first estimate, 60% for second estimate)	3	9999999999 99
4	Overpayment carried forward from prior year being applied to this payment	4	9999999999 99
5	Amount due with this estimate. Subtract line 4 from line 3	5	9999999999 99

Payments can be made online. For more information, visit: https://www.ri.gov/taxation/business/index.php

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
	xxxxxxxxxxxxxxxxxxxxx	12/31/2014	(401) 555-5555

Paid preparer signature	Print name	Date	Telephone number
	xxxxxxxxxxxxxxxxxxxxx	12/31/2014	(401) 555-5555

Paid preparer address	City, town or post office	State	ZIP Code	PTIN
xxxxxxxxxxxxxxxxxxxxx	xxxxxxxxxxxxxxx	xx	99999	x99999999999999999

May the Division of Taxation contact your preparer? YES [x]

Revised 10/2013