State of Rhode Island and Providence Plantations

Form BUS-V

Business Tax Payment Voucher Form

13111599990101

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

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

Part 1: Business Tax Type

Check the box next to the form for which you are making a 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-71A - Rhode Island Surplus Line Broker Gross Premium - Key #13
- [x] Form T-71SP - Rhode Island Self Procurement Insurance Premiums - 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

1 Amount enclosed..... 1 9999999999 99

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	x999999999999

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

Revised 10/2013