



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF REVENUE
 DIVISION OF TAXATION
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908
 WWW.TAX.RI.GOV

2014

WRITERS, COMPOSERS AND ARTISTS - ANNUAL RECONCILIATION

SALES AND USE TAX RETURN TO BE FILED BY WRITERS, COMPOSERS AND ARTISTS
 RIGL § 44-18-30B

DUE ON OR BEFORE FEBRUARY 1, 2015

Name		Taxpayer ID	
Address			
City, town or post office		State	ZIP Code
Telephone number	E-mail address		NAICS Code

Have you sold or closed your business?..... Yes If yes, on what date? _____

If you file a consolidated Sales Tax Return, list all locations by Rhode Island identification number including the 2 digit location number. If there are more than 15 locations, please attach a separate listing. If you have multiple locations, but file individual Sales Tax Returns, you must file a T-204W-Annual for each location.

Before completing lines A through E, complete Schedules A and B on page 2.

A. Total Net Taxable Sales for the period Jan - Dec (NOTE: Line A must equal Net Taxable Sales from page 2, line 5).....	A.		
B. Amount of tax. Multiply line A by 7% (.07).....	B.		
C. 1. Total tax remitted for the period January through December.....	C1.		
2. Credit balance (if any) per line D of the 2013 Annual Reconciliation return - Form T-204R...	C2.		
3. Sales tax due and paid to another state on items included in Schedule A, line 2.....	C3.		
4. Total Tax Paid. Add lines C1 through C3.....	C4.		
D. Line C4 should equal line B. If line B is more than line C4, there is a balance due . Please remit payment to the Rhode Island Division of Taxation and send in with this Annual Reconciliation. See instructions for additional information.	D.		
E. If line C4 is more than line B, there is a credit due . This amount will be credited to the 2015 sales tax payments. Note: Taxpayer must submit a "Claim for Refund" form with this reconciliation in order to receive a refund of the overpayment	E.		

I hereby certify that I have personal knowledge of the information constituting this return; that all statements contained herein are true, correct, and complete to the best of my knowledge and belief and that this return is made under penalty of perjury.

Name of firm		Name of owner, partner or authorized officer - please print	
Signature of owner, partner or authorized officer	Title of owner, partner or authorized officer	Date	
Preparer signature	Preparer name	Date	Preparer telephone number
May the Division of Taxation contact your preparer? YES <input type="checkbox"/>			Form T-204W-Annual New 08/2014

Name	Taxpayer ID
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SCHEDULE A

TOTALS

1. Sales by category

a. Artistic, composed, or written works (one of a kind or limited edition).....	1a.		
b. Other sales: All sales not listed on line 1a.....	1b.		
c. Gross sales. Add lines 1a and 1b.....	1c.		
2. USE: Cost of personal property per RIGL 44-18-20.....	2.		
3. TOTAL. Add lines 1c and 2.....	3.		

SCHEDULE B

4. Legal Deductions - Sales

a. Artistic, composed, or written works (one of a kind or limited edition).....	4a.		
b. Resale.....	4b.		
c. Interstate.....	4c.		
d. Exempt Organizations:			
1. Federal and State.....	4d1.		
2. Other exempt organizations & non-profits RIGL 44-18-30(5).....	4d2.		
e. Other (Deductions not separately listed above). Specify _____	4e.		
f. Total Deductions. Add lines 4a through 4e.....	4f.		
5. Net Taxable Sales. Subtract line 4f from line 3. Carry to page 1, line A.....	5.		

SCHEDULE C

6. a. Artistic exemption number: _____
- b. Type of work(s) sold: _____
- c. Number of work(s) sold:

Month	Number of Works Sold
January	
February	
March	
April	
May	
June	
July	
August	
September	
October	
November	
December	
Total Works Sold	