State of Rhode Island and Providence Plantations

Form RI-W3

Reconciliation of Personal Income Tax Withheld

16105799990101

Name	Federal employer identification number
XXXXXXXXXXXXXXXXXXXX	99-9999999
Address	**For the year ending:**
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12/31/2016
Address 2	
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	

City, town or post office	State	ZIP code	E-mail address
XXXXXXXXXXXXXXXXXXXXXXXXX	XX	99999	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

MONTH	1st QTR OF MONTH	2nd QTR OF MONTH	3rd QTR OF MONTH	4th QTR OF MONTH	TOTAL
January	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
February	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
March	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
April	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
May	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
June	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
July	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
August	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
September	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
October	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
November	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99
December	999999999 99	999999999 99	999999999 99	999999999 99	999999999 99

1	Total payments made for the year	1	999999999 99
2	Total tax withheld during the year as shown on state forms transmitted	2	999999999 99
3	Total number of state wage & tax statements (Form W2) sent with this reconciliation form	3	999999999999

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
	XXXXXXXXXXXXXXXXXXXX	01/07/2017	(401) 555-5555

Paid preparer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXX	01/17/2017	(401) 555-5555

Paid preparer address	City, town or post office	State	ZIP Code	PTIN
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XX	99999	P99999999

May the Division of Taxation contact your preparer? YES ×

Mail to RI Division of Taxation - One Capitol Hill - Providence, RI 02908

Revised 05/2016