

Due on or before
February 1, 2017

STREN

NAME
ADDRESS
CITY, STATE & ZIP CODE

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT	
TITLE	
FORM STREN REV D 04/2016	DATE
TAXPAYER IDENTIFICATION NUMBER	

TAX YEAR

JULY 1, 2017 - JUNE 30, 2018

Sales Tax Renewal Fee \$10.00

Please mail this form with remittance separately.
Do not mail with a return.

Mail this form and remittance payable to:
Rhode Island Division of Taxation
One Capitol Hill
Providence, RI 02908