

NAME
ADDRESS
CITY, STATE & ZIP CODE

# WTM

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.  
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

FORM RI-941M  
REV 05/2016

TITLE	DATE
FEDERAL IDENTIFICATION NUMBER	RETURN FOR MONTH ENDING

TAX AMOUNT DUE AND PAID

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