

State of Rhode Island and Providence Plantations
Form RI-941
 Employer's Quarterly Tax Return and Reconciliation



19106099990101

Name			Federal employer identification number		
Address			For the quarter ending: MMDDYYYY		
Address 2			E-mail address		
City, town or post office	State	ZIP code	<input type="checkbox"/> Amended Return		

Enter the RI state income tax withheld during this quarter and due to the RI Division of Taxation based on the payment frequency required by law.
Weekly payers: Enter the RI state income tax withheld during each week in the appropriate column and row.
Monthly payers: Enter the RI state income tax withheld during each month of the quarter using the "Total" row ONLY (see boxes below).
Quarterly payers: Enter the RI state income tax withheld during the quarter in the "3rd MONTH" column, "Total" row ONLY (see box below).
 See instructions for more detail.

MONTH	1st MONTH OF QUARTER	2nd MONTH OF QUARTER	3rd MONTH OF QUARTER	
Week 1				
Week 2				
Week 3				
Week 4				
Week 5				
Total			<div style="border: 2px solid black; padding: 5px;"> Monthly payers use these 3 boxes </div>	<div style="border: 2px solid black; padding: 5px;"> Quarterly payers enter your amount here </div>

1	State income tax withheld from wages, tips, and other compensation for this quarter.....	1	
2	State income tax withholding payments made to the RI Division of Taxation to date for this quarter.....	2	
3	State income tax withholding amount due and paid with this return. Subtract line 2 from line 1.....	3	

4	Number of employees who received wages, tips, and other compensation for this quarter.....	4	
5	Total amount of wages, tips, and other compensation for this quarter	5	

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
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code
			PTIN

May the Division of Taxation contact your preparer? YES

