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

STREAMLINED SALES TAX RETURN

Name		
Address		
City, Town or Post Office	State	Zip Code

Streamlined Permit Number	Tax Period From:	Tax Period To:

SCHEDULE A

1.	Gross sales	1.	
2.	Cost of Personal Property purchased on resale certificate but used by you	2.	
3.	USE TAX: Cost of personal property	3.	
4.	Other additions (Describe)	4.	
5.	**TOTAL SALES** - add lines 1 - 4	5.	

SCHEDULE B

6.	Food and food ingredients	6.	
7.	For resale	7.	
8.	Interstate	8.	
9.	Exempt newspapers	9.	
10.	Prescription drugs/prescription medicines	10.	
11.	Clothing and footwear	11.	
12.	Sales of motor vehicles	12.	
13.	Other (explain)	13.	
14.	Total Deductions - Add lines 6 - 13	14.	
15.	Net taxable sales subtract line 14 from line 5	15.	
16.	**AMOUNT OF TAX** - Multiply line 15 by 7% (.07)	16.	

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	
Signature of Owner, Partner or Authorized Officer	Date
Title of Authorized Officer or Agent Signing Return	

Form Streamlined
rev. 4/23/2009

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