

**DECLARATION OF BANK DEPOSITS  
ESTIMATED TAX VOUCHER INSTRUCTIONS**

1. Every financial institution liable for the bank deposits tax shall file a declaration of its estimated tax for the calendar year if its estimated tax for such taxable year can reasonably be expected to exceed \$500.00.
2. The amounts and due dates of the installments are as follows:  
 --> 40% by March 15th of the calendar year  
 --> 60% by June 15th of the calendar year.
3. Every financial institution is subject to an assessment of 18% per annum for underpayments and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.
4. Mail voucher and payment to: RI Division of Taxation  
 One Capitol Hill - Suite 9  
 Providence, RI 02908-5814

Payments can be made online. For more information, visit: <https://www.ri.gov/taxation/business/index.php>

**T69-ESBD**

STATE OF RHODE ISLAND  
DIVISION OF TAXATION \* ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814

**2011TY**  
Calendar Year

**DECLARATION OF BANK DEPOSITS ESTIMATED TAX  
SECOND ESTIMATE**

|                           |
|---------------------------|
| NAME                      |
| ADDRESS                   |
| CITY, STATE, ZIP CODE     |
| TAXPAYER IDENTIFICATION # |

**T69-  
ESBD**

|   |    |  |  |  |  |  |  |   |   |
|---|----|--|--|--|--|--|--|---|---|
| 1. TOTAL TAX FOR PRIOR YEAR                             | \$ |  |  |  |  |  |  | 0 | 0 |
| 2. ESTIMATED TAX FOR CURRENT YEAR                       | \$ |  |  |  |  |  |  | 0 | 0 |
| 3. 60% OF LINE 2  | \$ |  |  |  |  |  |  | 0 | 0 |
| 4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT | \$ |  |  |  |  |  |  | 0 | 0 |
| 5. PAYMENT DUE WITH THIS VOUCHER                        | \$ |  |  |  |  |  |  | 0 | 0 |

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, and complete.

\_\_\_\_\_  
Signature of Officer or Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Key #10**

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE JUNE 15TH

**T69-ESBD**

STATE OF RHODE ISLAND  
DIVISION OF TAXATION \* ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814

**2011TY**  
Calendar Year

**DECLARATION OF BANK DEPOSITS ESTIMATED TAX  
FIRST ESTIMATE**

|                           |
|---------------------------|
| NAME                      |
| ADDRESS                   |
| CITY, STATE, ZIP CODE     |
| TAXPAYER IDENTIFICATION # |

**T69-  
ESBD**

|   |    |  |  |  |  |  |  |   |   |
|---|----|--|--|--|--|--|--|---|---|
| 1. TOTAL TAX FOR PRIOR YEAR                             | \$ |  |  |  |  |  |  | 0 | 0 |
| 2. ESTIMATED TAX FOR CURRENT YEAR                       | \$ |  |  |  |  |  |  | 0 | 0 |
| 3. 40% OF LINE 2  | \$ |  |  |  |  |  |  | 0 | 0 |
| 4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT | \$ |  |  |  |  |  |  | 0 | 0 |
| 5. PAYMENT DUE WITH THIS VOUCHER                        | \$ |  |  |  |  |  |  | 0 | 0 |

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, and complete.

\_\_\_\_\_  
Signature of Officer or Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**Key #10**

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE MARCH 15TH