

DECLARATION OF GROSS PREMIUM INSURANCE
ESTIMATED TAX VOUCHER INSTRUCTIONS

- 1. Every insurance company liable for the gross premium 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. The entire amount of such estimated tax shall constitute the amount of advance required to be paid.
- 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 insurance company 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. When there is not an increase in the tax rate from one year to the next, no interest or penalty will occur for underestimated tax payment, if prepayments are made equal to the prior year's tax.
- 5. 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-ESINS

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

2011TY
Calendar Year

DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX
SECOND ESTIMATE

NAME
ADDRESS
CITY, STATE, ZIP CODE
TAXPAYER IDENTIFICATION #

**T69-
ESINS**

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 #13

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

T69-ESINS

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

2011TY
Calendar Year

DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX
FIRST ESTIMATE

NAME
ADDRESS
CITY, STATE, ZIP CODE
TAXPAYER IDENTIFICATION #

**T69-
ESINS**

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 #13

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