File this declaration together with amount due to: RETURN-Line 3 less Line 4 THE DIVISION OF TAXATION AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE MARCH 15 ONE CAPITOL HILL. STE9 PROVIDENCE, RI 02908-5811 I declare under the penalties of perjury that this declaration has been examined by me and to the best of my knowledge and belief is a true, correct and complete declaration. Signature of Officer or Agent\_\_\_ \_\_\_\_\_Title\_\_\_\_ SECOND ESTIMATE INSURANCE 2007 T69-ESINS STATE OF RHODE ISLAND GROSS PREMIUM INSURANCE 1. Total Estimated Tax for Federal I.D. #: \_\_\_\_Calendar Year 2006 \_\_Current Year Name and Address: 2. 60% of Line 1 3. Less Amount From Prior | Credit Applied To This Payment 4. PAYMET DUE WITH THIS VOUCHER-Line 2 Less Line 3 File this estimated tax payment with amount due to: AMOUNT ON LINE 4 IS DUE AND PAYABLE ON OR BEFORE JUNE 15TH THE DIVISION OF TAXATION ONE CAPITOL HILL, STE 9 PROVIDENCE, RI 02908-5811 \_\_Title\_ Signature of Officer or Agent 

## ESTIMATED VOUCHER INSTRUCTIONS FOR GROSS PREMIUM INSRANCE TAX

1. Every Insurance Company who is liable for gross premium tax shall file a declaration of its estimated tax for the calendar year, if its estimated tax for such calendar 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.

The due dates and amounts of the installments are as follows:

March 15th (40% of total estimated tax due)

June 15th (60% of total estimated tax due)

2. There is required and addition to the tax of 12% per annum for underpayments and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.

## NOTE

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.