Name			Federal employer identification number
Address			For the period ending:
			MM/DD/YYYY
Address 2			
City, town or post office	State	ZIP code	E-mail address

Part 1: Business Tax Type

Check the box next to the form for which you are making a payment. Check only one box.

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Form RI-1120POL -	RIDDE	ISIALIO	FOILCAL	Undanization	- nev + 1 / 1

Form T-71 - Rhode Island Gross Premium Insurance - Key #13

Form T-71A - Rhode Island Surplus Line Broker Gross Premium - Key #13

Form T-71SP - Rhode Island Self Procurement Insurance Premiums - Key #13

Form T-72 - Rhode Island Public Service Corporation Gross Earnings - Key #22

Form T-74 - Rhode Island Banking Institution Excise - Key #11

Form T-86 - Rhode Island Bank Deposits - Key #10

Ma	il vou	icher and p	aymen	t to:
	RI D	ivision of Ta	axation	I
	One Capitol Hill - Suite 9			
Pi	ovide	ence, RI 02	2908-58	;11
Part 2: Amount due				
1 Amount enclosed	. 1			

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