

State of Rhode Island Division of Taxation

Form RI-941

Employer's Quarterly Tax Return and Reconciliation

Name				Federal	Federal employer identification number		
Address				For the	For the quarter ending:		
Addioso				1 01 110	MMDDYYYY		
Address 2				E-mail a	E-mail address		
City, town or post office			ZIP code				
					Amended Re	eturn	
Enter the RI state income tax withheld during this quarter and due to the RI Division of Taxation based on the payment frequency required by law. Weekly payers: Enter the RI state income tax withheld during for each week in the appropriate column and row. Monthly payers: Enter the RI state income tax withheld during each month of the quarter using the "Total" row ONLY (see boxes below). Quarterly payers: Enter the RI state income tax withheld during the quarter in the "3rd MONTH" column, "Total" row ONLY (see box below). See instructions for more detail.							
MONTH	1st MONTH OF QUARTER	?	2nd MONTH OF QUART		TER 3rd MONTH OF QUARTER		
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							
Total						Monthly payers use these 3 boxes	
Quarterly payers enter your amount here							
1 State income tax withheld from wages, tips, and other compensation for this quarter							
2 State income tax withholding payments made to the RI Division of Taxation to date for this quarter							
3 State income tax withholding amount due and paid with this return. Subtract line 2 from line 1							
4 Number of employees who received wages, tips, and other compensation for this quarter							
5 Total amount of wages, tips, and other compensation for this quarter							
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		Pri	Print name		Date	Telephone number	
Paid preparer address City		City, town or	or post office State		ZIP Code	PTIN	
May the Division of Taxation contact your preparer? YES							