



|   |                           |       |  |                |
|---|---------------------------|-------|--|----------------|
| <input type="checkbox"/> January 15th Report<br><br><input type="checkbox"/> June 15th Filing<br><br><input type="checkbox"/> Amended | Name                      |       | Federal employer identification number |                |
|   | Address                   |       |  |                |
|   | Address 2                 |       |  |                |
|   | City, town or post office | State | ZIP code                               | E-mail address |
|   |                           |       |  |                |

|                  |   |    |    |  |
|------------------|---|----|----|--|
|                  | 1 Daily Average Deposits. Daily Average is calculated on a calendar year basis.....   |    | 1  |  |
| Taxable Deposits | 2a Daily average book value of investments in obligations of the United States, its territories and possessions and of any authority, commission or instrumentality of the United States..... | 2a |    |  |
|                  | b Daily average book value of assets.....   | 2b |    |  |
|                  | c Percent investment. Divide line 2a by line 2b. Carry out to four decimal places.....  | 2c |    |  |
|                  | d Exempt obligations exclusion. Multiply line 2c by line 1.....   | 2d |    |  |
|                  | 3 TAXABLE DEPOSITS. Subtract line 2d from line 1.....   |    | 3  |  |
| Tax and Payments | 4 TAX. If line 1 is \$150,000,000 or less, multiply line 3 by 0.000625. If not, multiply line 3 by 0.000695.....  |    | 4  |  |
|                  | 5 Rhode Island Credits from Schedule B-CR, Business Entity Credit Schedule, line 21.....  |    | 5  |  |
|                  | 6 Tax after credits. Subtract line 5 from line 4 .....  |    | 6  |  |
|                  | 7 Estimated payments made on Form BUS-EST for 2020 .....  | 7  |    |  |
|                  | 8 Other payments.....   | 8  |    |  |
|                  | 9 Total Payments. Add lines 7 and 8.....  |    | 9  |  |
| Balance Due      | 10 Net tax due. Subtract line 9 from line 6.....  |    | 10 |  |
|                  | 11 Interest due: (a) Late payment interest _____ (b) Underestimating interest _____ Total (a) + (b)   |    | 11 |  |
|                  | 12 Total Due with Return. Add lines 10 and 11.....  |    | 12 |  |
| Refund           | 13 Overpayment. Subtract line 6 and line 11 from line 9.....  |    | 13 |  |
|                  | 14 Amount of overpayment from line 13 to be applied to 2021 estimated tax.....  |    | 14 |  |
|                  | 15 Amount to be Refunded. Subtract line 14 from line 13.....  |    | 15 |  |

**GENERAL INSTRUCTIONS**

For the January 15th reporting requirement, only complete lines 1 through 7.  
 For the June 15th filing requirement, complete entire form and submit with payment due on or before June 15, 2021 to:  
 RI Division of Taxation - One Capitol Hill - Providence, RI 02908.

those investments that are actually owned by this Credit Union; and should when necessary, be easily traceable to the Credit Union's statement of financial condition.

Line 1: Enter the Credit Union's simple, daily average of deposits from the first business day of January 2020 through the last business day of December 2020.

Line 2b: Enter the Credit Union's simple, daily average book value of its assets. This calculation should reflect such normal valuation accounts as are reflected on the Credit Union's statement of condition.

Line 2a: Enter the simple, daily average book value of investments in exempt obligations. This calculation should reflect amortization and accretion; should reflect only

Line 4: Tax. If Line 1 is \$150,000,000.00 or less, multiply line 3 by 0.000625. If line 1 is more than \$150,000,000.00, multiply line 3 by 0.000695.

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    |
|                              |                           |       |                  |