State of Rhode Island Division of Taxation

Form RI-941

Employer's Quarterly Tax Return and Reconciliation

19106099990101

Name	Federal employer identification number
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	99-9999999
Address	For the quarter ending:
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	12312020
Address 2	E-mail address
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City, town or post office	State	ZIP code	
XXXXXXXXXXXXXXXXXXXXXXXX	XX	99999	X Amended Return

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 QUARTER	3rd MONTH OF QUARTER
Week 1	999999999999999 99	999999999999999 99	999999999999999 99
Week 2	999999999999999 99	999999999999999 99	999999999999999 99
Week 3	999999999999999 99	999999999999999 99	999999999999999 99
Week 4	999999999999999 99	999999999999999 99	999999999999999 99
Week 5	999999999999999 99	999999999999999 99	999999999999999 99
Total	999999999999999 99	999999999999999 99	999999999999999 99

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	1	999999999999 99
2	State income tax withholding payments made to the RI Division of Taxation to date for this quarter	2	999999999999 99
3	State income tax withholding amount due and paid with this return. Subtract line 2 from line 1	3	999999999999 99
4	Number of employees who received wages, tips, and other compensation for this quarter	4	999999999999999
5	Total amount of wages, tips, and other compensation for this quarter	5	999999999999 99

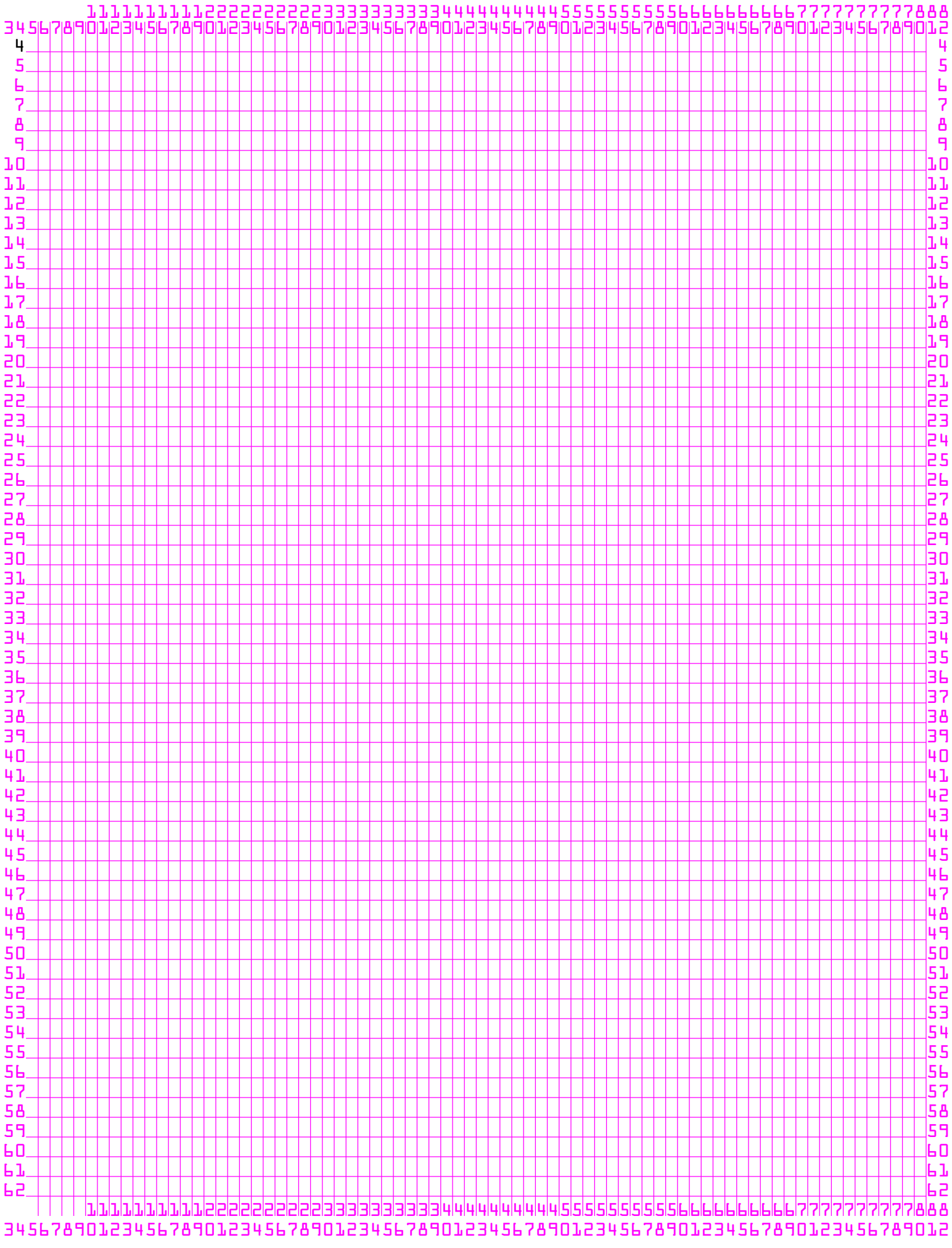
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXX	04/30/2022	(401) 999-9999

Paid preparer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXX	04/30/2022	(401) 999-9999

Paid preparer address	City, town or post office	State	ZIP Code	PTIN
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XX	99999	P99999999

May the Division of Taxation contact your preparer? YES X

Mail to: RI Division of Taxation - One Capitol Hill - Providence, RI 02908

Revised 10/2020