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DETACH HERE AND MAIL WITH YOUR PAYMENT  
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**STATE OF RHODE ISLAND DIVISION OF TAXATION**  
**ONE CAPITOL HILL - STE 4 - PROVIDENCE, RI 02908-5802**

**WITHHOLDING  
TAX RETURN MONTHLY**



NAME
ADDRESS
CITY, STATE & ZIP CODE

# WTM

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

FORM RI-941M  
REV D 11/2021

TITLE	DATE
ACCOUNT IDENTIFICATION NUMBER	RETURN FOR MONTH ENDING

TAX AMOUNT DUE AND PAID

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