
DETACH HERE AND MAIL WITH YOUR PAYMENT



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 10/2020

TITLE	DATE
ACCOUNT IDENTIFICATION NUMBER	RETURN FOR MONTH ENDING

TAX AMOUNT DUE AND PAID

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