State of Rhode Island Division of Taxation  
Form BUS-V  
Business Tax Payment Voucher Form

<table>
<thead>
<tr>
<th>Name</th>
<th>Federal employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>For the period ending:</td>
</tr>
<tr>
<td>Address 2</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City, town or post office</th>
<th>State</th>
<th>ZIP code</th>
<th>E-mail address</th>
</tr>
</thead>
</table>

**Part 1: Business Tax Type**

Check the box next to the form for which you are making a payment. **Check only one box.**

- [ ] Form RI-1065/RI-1120 - Rhode Island Corporate Income Tax
- [ ] Form RI-1120POL - Rhode Island Political Organization
- [ ] Form T-71 - Rhode Island Gross Premium Insurance
- [ ] Form T-71A - Rhode Island Surplus Line Broker Gross Premium
- [ ] Form T-71SP - Rhode Island Self Procurement Insurance Premiums
- [ ] Form T-72 - Rhode Island Public Service Corporation Gross Earnings
- [ ] Form T-74 - Rhode Island Banking Institution Excise
- [ ] Form T-86 - Rhode Island Bank Deposits
- [ ] Form RI-PTE - Pass-Through Entity Election

**Part 2: Amount due**

1. Amount enclosed................................................................. 1

Payments can be made online. For more information, visit: [https://tax.ri.gov/online-services/tax-portal](https://tax.ri.gov/online-services/tax-portal)

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: ____________________________

May the Division of Taxation contact your preparer? YES [ ]

Mail voucher and payment to:  
RI Division of Taxation  
One Capitol Hill  
Providence, RI 02908

**NOTE:** If payment is made online, you do not need to send voucher in.

Revised 08/2022