

State of Rhode Island Division of Taxation
Form BUS-EST





13111299990101

Name			Federal employer identification number
Address			For the period ending:
Address 2			
City town on next office	01-1-	ZID as de	
City, town or post office	State	ZIP code	E-mail address

Estimates are due by the 15th day of the fourth, sixth, ninth and twelfth months of the taxable year

Part 1: Declaration of estimated tax

Check the box next to the form for which you are making an estimated payment. Check only one box.

Form RI-1065/RI-1120 - Rhode Island Corporate Income Tax			
Form RI-1120POL - Rhode Island Political Organization Tax	The amounts and due dates of the installments are as follows: 25% of the taxable year tax by April 15th 50% of the taxable year tax by June 15th 75% of the taxable year tax by Sept 15th		
Form T-71 - Rhode Island Gross Premium Insurance Tax			
Form T-71A - Surplus Lines	100% of the taxable year tax by Dec 15th		
Form T-72 - Rhode Island Public Service Corporation Gross Earnings Tax	Mail voucher and payment to: RI Division of Taxation		
Form T-74 - Rhode Island Banking Institution Excise Tax	One Capitol Hill Providence, RI 02908		
Form T-86 - Rhode Island Bank DepositsTax	NOTE: If payment is made online,		
Form RI-PTE - Pass-Through Entity Election	you do not need to send voucher in.		
Part 2: Amount due with estimate			

1	Total tax from prior year	1	
2	Estimated tax due for the current year	2	
	 3 Estimated tax payment due. Multiply line 2 by the applicable percentage. (25% for first estimate, 50% for second estimate, 75% for third estimate, 100% for fourth estimate)		
4			
5	Amount due with this estimate. Subtract line 4 from line 3	5	

Payments can be made online. For more information, visit: 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 address
 City, town or post office
 State
 ZIP Code
 PTIN

