

3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62

State of Rhode Island Division of Taxation



Form RI-STR

23128099990101

Sales and Use Tax Return

Name	Account identification number		
Address	For the period ending: <input type="checkbox"/> Amended Return		
Address 2	NAICS code		
City, town or post office	State	ZIP code	E-mail address

Computation of Tax

1	Gross Sales for the Period.....	1
2a	Resale.....	2a
b	Interstate Sales.....	2b
c	Non-Taxable Sales and Services.....	2c
d	Exempt Organizations.....	2d
e	Other (Specify): _____	2e
3	Total Deductions (Add lines 2a through 2e).....	3
4	Taxable Sales (Line 1 less line 3).....	4
5	Total Trust Fund Sales Tax Due and Required to be Remitted ("Sales Tax") (Multiply line 4 by 7%).....	5
6	Total Use Tax Due (From Use Tax Worksheet in Instructions).....	6
7	Total Sales Tax and Use Tax Due (Add lines 5 and 6).....	7
8a	Prepaid Sales Tax (Licensed Cigarette Dealers Only).....	8a
b	Other (Specify): _____	8b
9	Total Credits (Add lines 8a and 8b).....	9
10	Amount Due (Line 7 less line 9).....	10

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