

State of Rhode Island Division of Taxation  
**Form T-204A-Annual**  
 Alcoholic Beverages Return - Annual Reconciliation

Name			Account identification number		
Address			For the period ending: 12/31/2023		
Address 2			NAICS code		
City, town or post office		State	ZIP code	E-mail address	

**SALES AND USE TAX RETURN TO BE FILED BY CLASS A PACKAGE AND LIQUOR STORES - RIGL §3-10-5**  
**If you file a consolidated Sales Tax Return, list all locations by Rhode Island account identification number.**  
**If there are more than 10 locations, please attach a separate listing. If you have multiple locations,**  
**but file individual Sales Tax Returns, you must file a T-204A-Annual for each location.**

Have you sold or closed your business?.....  Yes If yes, on what date? \_\_\_\_\_

**Before completing lines A through E, complete Schedules A and B on page 2.**

A	Total Net Taxable Sales for the period Jan - Dec. NOTE: Line A must equal Net Taxable Sales from pg 2, line 5	A		
B	Amount of tax. Multiply line A by 7% (.07).....	B		
C 1	Total tax due remitted for the period January through December.....	C1		
2	Prepaid sales tax on cigarettes for the period January through December.....	C2		
3	Credit balance (if any) per line E of the 2022 Annual Reconciliation, Form T-204A	C3		
4	Sales tax due and paid to another state on items included in Schedule A, line 2....	C4		
5	Total Tax Paid. Add lines C1 through C4.....	C5		
D	Line C5 should equal line B. If line B is more than line C5, there is a <b>balance due</b> . Please remit payment to the RI Division of Taxation and send in with this Annual Reconciliation. See instructions for additional information.....	D		
E	If line C5 is more than line B, there is a <b>credit due</b> which will be credited to the 2024 sales tax payments. <b>Note: Taxpayer must submit a "Claim for Refund" form with this reconciliation in order to receive a refund instead</b>	E		

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

**DUE ON OR BEFORE JANUARY 31, 2024**

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Name	Account identification number

**SCHEDULE A**

**1 SALES BY CATEGORY**

**TOTALS**

a Wine and spirits sales.....	1a		
b Beer and malt beverage sales.....	1b		
c Other sales: All sales not listed on line 1a or 1b.....	1c		
d GROSS SALES. ADD LINES 1a, 1b and 1c.....	1d		
2 USE: Cost of personal property per R.I. Gen. Laws 44-18-20.....	2		
3 TOTAL. Add lines 1d and 2.....	3		

**SCHEDULE B**

**4 LEGAL DEDUCTIONS**

a Food and food ingredients for human consumption.....	4a		
b Resale.....	4b		
c Interstate.....	4c		
d Exempt Organizations			
1. Federal and State.....	4d1		
2. Other exempt organizations & non-profits R.I. Gen. Laws 44-18-30(5).....	4d2		
e Wine and spirits.....	4e		
f Other (Deductions not separately listed above).....	4f		
Specify _____			
g TOTAL DEDUCTIONS. ADD lines 4a through 4f.....	4g		
<b>5 Net Taxable Sales. Subtract line 4g from line 3. Carry to page 1, line A.....</b>	5		