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4 State of Rhode Island Division of Taxation



5 **Form BUS-V**

2311159990101

6 **Business Tax Payment Voucher Form**

7 Name Federal employer identification number

8 Address For the period ending:

MM/DD/YYYY

9 Address 2

10 City, town or post office State ZIP code E-mail address

11 **Part 1: Business Tax Type**

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

13 ☐ Form RI-1065/RI-1120 - Rhode Island Corporate Income Tax

14 ☐ Form RI-1120POL - Rhode Island Political Organization

15 ☐ Form T-71 - Rhode Island Gross Premium Insurance

16 ☐ Form T-71A - Rhode Island Surplus Line Broker Gross Premium

17 ☐ Form T-71SP - Rhode Island Self Procurement Insurance Premiums

18 ☐ Form T-72 - Rhode Island Public Service Corporation Gross Earnings

19 ☐ Form T-74 - Rhode Island Banking Institution Excise

20 ☐ Form T-86 - Rhode Island Bank Deposits

21 ☐ Form RI-PTE - Pass-Through Entity Election

**ELECTRONIC MANDATE**

The Rhode Island Division of Taxation has an electronic mandate that requires Larger Business Registrants use electronic means to file returns and remit taxes beginning on January 1, 2023.

For more information, refer to the instructions for the form which you are making this payment on Taxations' website:  
<https://tax.ri.gov/forms>

To file and pay, visit Taxation's portal:  
<https://taxportal.ri.gov/>

If you are not required to file and pay via electronic means, send form and payment to:  
R.I. Division of Taxation  
One Capitol Hill  
Providence, RI 02908

22 **Part 2: Amount due**

23 1 Amount enclosed..... 1

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

**For more information about Taxation's portal, 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 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

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