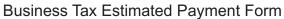


State of Rhode Island Division of Taxation

Form BUS-EST





24111299990101

Name				Federal employer identificat	on numb	er
Address				For the period ending:		
				MM/DD/YYYY		
Address 2						
City, town or post office State ZIP code E				E-mail address		
Estimates are due by the 15th day of the fourth, sixth, ninth and twelfth months of the taxable year						
Part 1: Amount due with estimate						'
1 Total tax from prior year						
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 Estimated tax payments made. If applicable, add the overpayment carried forward from the prior year being applied to this payment plus the estimated taxes paid to date for this tax year						
5 Amount due with this estimate. Subtract line 4 from line 3					5	
Part 2: Declaration of estimated tax: Enter the amount from line 5 on the corresponding tax type line(s) for which the estimate is intended						
1 Form RI-1065/1120 - Rhode Island Corporate Income Tax						
2 RI Schedule PTW - Pass-through Withholding					2	
3 RI Schedule PTE - Pass-through Entity Election					3	
4 Form RI-1120POL - Rhode Island Political Organization Tax					4	
5 Form T-71 - Rhode Island Gross Premium Insurance Tax					5	
6 Form T-71A - Surplus Lines					6	
7 Form T-72 - Rhode Island Public Service Corporation Gross Earnings Tax					7	
8 Form T-74 - Rhode Island Banking Institution Excise Tax					8	
9 Form T-86 - Rhode Island Bank DepositsTax					9	
Payments must be made elect						
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	Tele	ephone number
aid preparer address City, town or post office State			State	ZIP Code	PTIN	

