

State of Rhode Island Division of Taxation

2024 Form T-86



2411219990101

Bank Deposits Tax

Name, Federal employer identification number, Address, Address 2, City, town or post office, State, ZIP code, E-mail address

Table with 15 rows: 1 Daily Average Deposits, 2a Daily average book value of investments, 2b Daily average book value of assets, 2c Percent investment, 2d Exempt obligations exclusion, 3 TAXABLE DEPOSITS, 4 TAX, 5 Rhode Island Credits, 6 Tax after credits, 7 Estimated payments, 8 Other payments, 9 Total Payments, 10 Net tax due, 11 Interest due, 12 Total Due with Return, 13 Overpayment, 14 Amount of overpayment, 15 Amount to be Refunded.

GENERAL INSTRUCTIONS

For the January 15th reporting requirement, only complete lines 1 through 7. For the June 15th filing requirement, complete entire form and submit with payment due on or before June 15, 2025 to: RI Division of Taxation - One Capitol Hill - Providence, RI 02908.

Line 1: Enter the Credit Union's simple, daily average of deposits from the first business day of January 2024 through the last business day of December 2024. Line 2b: Enter the Credit Union's simple, daily average book value of its assets. This calculation should reflect such normal valuation accounts as are reflected on the Credit Union's statement of condition. Line 2a: Enter the simple, daily average book value of investments in exempt obligations. This calculation should reflect amortization and accretion; should reflect only those investments that are actually owned by this Credit Union; and should when necessary, be easily traceable to the Credit Union's statement of financial condition. Line 4: Tax. If Line 1 is \$150,000,000.00 or less, multiply line 3 by 0.000625. If line 1 is more than \$150,000,000.00, multiply line 3 by 0.000695.

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