

State of Rhode Island Division of Taxation
Form RI W-3
 Transmittal of Wage and Tax Statements



19106199990101

Name			Federal employer identification number		
Address			For the calendar year ending: 12312024		
Address 2			E-mail address		
City, town or post office		State	ZIP code		
			<input type="checkbox"/> Amended Return		

1 a Total tax withheld for the 1st Quarter (January, February, and March) as shown on Form RI-941	1a		
b Total tax withheld for the 2nd Quarter (April, May, and June) as shown on Form RI-941	1b		
c Total tax withheld for the 3rd Quarter (July, August, and September) as shown on Form RI-941	1c		
d Total tax withheld for the 4th Quarter (October, November, and December) as shown on Form RI-941	1d		
e Total tax withheld for the year. Add lines 1a through 1d	1e		

2 Total payments made for the year	2		
3 Amount Due. Subtract line 2 from line 1e	3		

4 Total amount of state wages, tips, and other compensation for the calendar year	4		
5 Total number of state wage & tax statements (Form W2) sent with this reconciliation form	5		

Note:

If you are an employer with 25 or more employees, it is required that all of the W-2 forms issued to employees are submitted electronically to the RI Division of Taxation through electronic file transfer (EFT) or on CD. See instructions for more information.

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