

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

SALES PERMIT RENEWAL APPLICATION ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

M = Monthly, Q = Quarterly

Filing Type - 2 characters

98 = Renewal Application

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

RETAIL
SALES PERMIT
RENEWAL APPLICATION

STM98200005046030100

TAXPAYER IDENTIFICATION #
05046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

TAX YEAR
July 1, 2000 - June 30, 2001

SALES TAX RENEWAL FEE \$10.00

Please mail this form with remittance separately.
Do not mail with a return.

Mail this form and remittance payable to:

Rhode Island Division of Taxation
One Capitol Hill, Ste 4
Providence, RI 02908-5802

AUTHORIZED SIGNATURE _____ DATE _____

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

MONTHLY ONLY

System - 2 characters

WT = Withholding

Filing Frequency - 1 character

M = Monthly

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809

WITHHOLDING TAX RETURN
MONTHLY

WTM01200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

WTM

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE	DATE
TAXPAYER IDENTIFICATION #	RETURN FOR MONTH ENDING
05046030100	JAN 31/00

941-MRI REV 11/99

TAX AMOUNT DUE AND PAID \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

System - 2 characters

WT = Withholding

Filing Frequency - 1 character

Q = Quarterly

Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809

WITHHOLDING TAX RETURN
QUARTERLY

WTQ01200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

WTQ

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE

DATE

TAXPAYER IDENTIFICATION #

05046030100

RETURN FOR QUARTER ENDING

MAR 31/00

941-QRI REV 11/99

TAX AMOUNT
DUE AND PAID

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTER/MONTHLY ONLY

System

WT = Withholding

Filing Frequency

W = Quarter/Monthly

Filing Period

Calendar year quarter/monthly period 01 to 48

Calendar year (2000)

Record ID

Filing quarter/monthly period & year

 <p>STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809</p>		<p>WITHHOLDING TAX RETURN QUARTER/MONTHLY</p>	
<p>WTWJ7200005046030100</p>			
<p>Name 1 Name 2 Address 1 Address 2 City, State Zip+4</p>		<p>WTQM</p>	
<p>I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.</p>			
<p>SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT</p>			
<p>TITLE</p>		<p>DATE</p>	
<p>TAXPAYER IDENTIFICATION # 05046030100</p>		<p>RETURN FOR QUARTER/MONTHLY PERIOD ENDING APR 23-30/00</p>	
<p>941-QMRI REV 11/99</p>			
		<p>TAX AMOUNT DUE AND PAID \$</p>	

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

M = Monthly

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

**SALES & USE TAX RETURN
MONTHLY**

STM02200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

STM

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE

DATE

FEDERAL IDENTIFICATION #

05046030100

RETURN FOR MONTH ENDING

FEB 29/00

T-204M REV 11/99

NET SALES AND USE TAX DUE
AND PAID

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY RECONCILIATION ONLY

FRONT

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

M = Monthly

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

STM03200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

STM^{MR}

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE	DATE
TAXPAYER IDENTIFICATION # 05046030100	RETURN FOR MONTH ENDING MAR 31/00

T-204M-R REV 11/99

SALES & USE TAX RETURN
MONTHLY
QUARTERLY RECONCILIATION

1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A)	\$	
2. LESS: TAX PAID - MONTH 1	\$	
3. LESS: TAX PAID - MONTH 2	\$	
4. SALES & USE TAX DUE	\$	
5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS MUST BE INCLUDED IN LINE 4 SCH A ON BACK)	\$	
6. NET SALES AND USE TAX DUE AND PAID	\$	

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

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State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

FRONT

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

Q = Quarterly

Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

SALES & USE TAX RETURN QUARTERLY

STQ

PLEASE DO NOT WRITE IN THIS AREA

\$					
\$					
\$					

FEDERAL IDENTIFICATION NO. 05046030100
RETURN FOR QUARTER ENDING MAR 31/00

T-204Q REV 11/99

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

INCOME TAX FORMS SPECIFICATIONS

ESTIMATED ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

E = Estimated

Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 8, PROVIDENCE, RI 02908-5810

**Form RI-1040-ES
2000 Payment Voucher**

ITE02200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

ITE

Return this voucher with check or money order payable to the R.I. Division of Taxation, One Capitol Hill, Providence, R.I. 02908-5810. Please do not send cash with this voucher.

DUE JUNE 15, 2000

CALENDAR YEAR

FISCAL YEAR FILERS ENTER YEAR ENDING

YOUR SOCIAL SECURITY NUMBER
050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

FILE ONLY IF YOU ARE MAKING A PAYMENT OF ESTIMATED TAX.

1. AMOUNT OF PAYMENT

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

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THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

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State of Rhode Island

INCOME TAX FORMS SPECIFICATIONS

1040V (VOUCHER) ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

V = Voucher

Filing Code - 2 characters

Code = 06

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 3, PROVIDENCE, RI 02908-5801

Form RI 1040-V
1999

ITV06200005046030100

DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

1. ENTER THE FIRST
FOUR LETTERS OF YOUR
LAST NAME

1040-V

YOUR SOCIAL SECURITY NUMBER
050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

2. ENTER AMOUNT
DUE AND PAID

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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THE ABOVE FORM IS A INCOME TAX REMITTANCE FORM FOR AN
EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX
FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

INCOME TAX FORMS SPECIFICATIONS

1040NR-V (VOUCHER) ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

V = Voucher

Filing Code - 2 characters

Code = 06

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

Form RI 1040NR-V
1999

DIVISION OF TAXATION * ONE CAPITOL HILL STE 3, PROVIDENCE, RI 02908-5801

ITV06200005046030100

DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

1. ENTER THE FIRST
FOUR LETTERS OF YOUR
LAST NAME

1040NR-V

YOUR SOCIAL SECURITY NUMBER
050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

2. ENTER AMOUNT
DUE AND PAID

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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EXAMPLE ONLY

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FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

INCOME TAX FORMS SPECIFICATIONS

4868 ONLY

System - 2 characters

IT = Income Tax

Filing Type - 1 character

A = Automatic Extension

Filing Code - 2 characters

Code = 05

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 3, PROVIDENCE, RI 02908-5801

Form RI-4868
1999

ITA05200005046030100

Application for Automatic Extension of Time to file R.I. Individual Income Tax Return

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

4868

Enter tentative tax computation

A. Tentative federal income tax \$ _____
B. Tentative RI tax (26.5% of Line A) _____
C. Total tax withheld, payments & other credits _____
D. Balance due (line B less line C) \$ _____

YOUR SOCIAL SECURITY NUMBER
050-46-0301

SPOUSE'S NUMBER, IF JOINT PAYMENT

ENTER AMOUNT
DUE AND PAID

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

DEFICIENCY NOTICE SPECIFICATIONS

PERSONAL INCOME TAX BILL ONLY

Form Type - 2 characters
IB = Income Tax Bill

Calendar year (2000) - 4

Income Tax Code - 3 characters
Code = 000

Record ID - 11 characters

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 33, PROVIDENCE, RI 02908-5807

NOTICE OF DEFICIENCY
RI PERSONAL INCOME TAX

IB200000005486124800

RETURN THIS BILL WITH REMITTANCE

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

SS#: 054-86-1248

ITB

Date of This Notice:
Tax Period Ended:
Document Locator No:
Balance Payable By:

TOTAL DUE \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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THE ABOVE FORM IS A INCOME TAX BILL FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

DEFICIENCY NOTICE SPECIFICATIONS

WITHHOLDING, SALES, CORPORATION, AND HEALTH TAX BILLS ONLY

Form Type - 2

WB = Withholding Tax
Bill SB = Sales Tax Bill
CB = Corporation Tax Bill
HB = Health Tax Bill

Bill Number - 7 characters

Record ID - 11 characters

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 21, PROVIDENCE, RI 02908-5813

NOTICE OF WITHHOLDING TAX DUE

WB200000105486124800

RETURN THIS BILL WITH REMITTANCE

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

ID#: 05486124800 DOCUMENT LOCATOR #:

WTB

Date of This Notice:
Tax Period:
Bill Number:
Balance Payable By:

TOTAL DUE \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

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THE ABOVE FORM IS A BILL FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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State of Rhode Island

CORPORATION TAX FORMS SPECIFICATIONS

Estimated Tax First Estimate Only

System - 2 characters

CT = Corporation Tax

Filing Frequency - 1 character

E = Estimate

Installments - 2 characters

Installment 01 or 02

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

FIRST ESTIMATE

CTE01200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

1120ES

IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED

For Calendar Year _____
Or Taxable Year Beginning _____ And Ending _____

TAXPAYER IDENTIFICATION #
05046030100

TO AMEND ESTIMATE
USE FORM ON REVERSE AND
CHECK HERE

1. ESTIMATED TAX FOR
CURRENT YEAR
2. 40% OF LINE 1
3. LESS AMOUNT FROM
PRIOR YEAR CREDITED
TO THIS PAYMENT

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Officer or Agent

4. PAYMENT DUE WITH
THIS RETURN \$

DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE SIXTH MONTH OF THE TAXABLE YEAR

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

CORPORATION TAX FORMS SPECIFICATIONS

Estimated Tax Second Estimate Only

System - 2 characters

CT = Corporation Tax

Filing Frequency - 1 character

E = Estimate

Installments - 2 characters

Installment 01 or 02

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

SECOND ESTIMATE

CTE02200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

1120ES

IF NOT A CALENDAR YEAR, FISCAL YEAR MUST BE ENTERED

For Calendar Year _____
Or Taxable Year Beginning _____ And Ending _____

TAXPAYER IDENTIFICATION #
05046030100

TO AMEND ESTIMATE
USE FORM ON REVERSE AND
CHECK HERE

1. TOTAL ESTIMATED TAX
2. AMOUNT PAID AND CREDITED TO DATE
3. LINE 1 LESS LINE 2: AMOUNT DUE THIS PERIOD

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Officer or Agent

4. PAYMENT ENCLOSED \$

DUE AND PAYABLE ON OR BEFORE THE FIFTEENTH DAY OF THE SIXTH MONTH OF THE TAXABLE YEAR

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

CORPORATION TAX FORMS SPECIFICATIONS

1120V ONLY

System - 2 characters
CT = Corporation

Filing Frequency - 1
R = Return

Filing Code - 2 characters
Code = 01

Calendar year (2003) - 4 characters

Record ID - 11 characters

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL, STE 9, PROVIDENCE, RI 02908-5811

Voucher

CTR01200305046030100

Name 1 _____

Name 2 _____

Address 1 _____

Address 2 _____

City State Zip 4 _____

TAXPAYER IDENTIFICATION #
05046030100

For Calendar Year _____
Or Taxable Year Beginning _____ And Ending _____

1120 V

ESTIMATES PAID AND CREDITED TO DATE	\$																			
AMOUNT PAID AS EXTENSION REQUEST	\$																			
AMOUNT DUE WITH RETURN FILING	\$																			

I declare, under the penalties of perjury, that this document has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete.

Signature of Officer or Agent

AMOUNT ENCLOSED \$

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 3/4 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE

THE ABOVE FORM IS A CORPORATION TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs,

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

FRONT

System - 2 characters
WT = Withholding

Filing Frequency - 1 character
M = Monthly

Filing Code - 2 characters
Code = 99

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 7, PROVIDENCE, RI 02908-5809

W3

RECONCILIATION OF PERSONAL INCOME TAX WITHHELD BY EMPLOYERS

1. ENTER PAYMENTS MADE ON EMPLOYER RETURNS OF PERSONAL INCOME TAX WITHHELD (FORMS 941M, 941Q)

JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEP
OCT	NOV	DEC

2A. TOTAL PAYMENTS

2B. TOTAL TAX WITHHELD DURING 2000 AS SHOWN ON STATE FORMS TRANSMITTED \$

NOTE:
EXPLAIN ANY DIFFERENCE IN THE AMOUNTS IN ITEMS 2A AND 2B IN AN ATTACHED STATEMENT.

FORM RI-W3
2000

W T M 9 9 2 0 0 0 0 5 0 4 6 0 3 0 1 0 0

NAME 1
NAME 2
ADDRESS 1
ADDRESS 2
CITY, STATE ZIP+4

SIGNATURE
TITLE DATE

TAXPAYER IDENTIFICATION #
05046030100

ENTER HERE THE TOTAL NUMBER OF RHODE ISLAND STATE WAGES & TAX STATEMENTS (FORM W2) SENT WITH THIS RECONCILIATION FORM

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

BACK

MONTH	1st QTR OF MONTH	2nd QTR OF MONTH	3rd QTR OF MONTH	4th QTR OF MONTH	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTAL FOR YEAR - ENTER HERE AND ON LINE 2A (FRONT)					
TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS					

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY (MOTOR VEHICLE) ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

M = Monthly

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

STM02200005046030100

MOTOR VEHICLE DEALER
MONTHLY
SALES & USE TAX RETURN

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

STMMV

1. SALES & USE TAX DUE FOR THE MONTH (FROM LINE 9 SCH A)

2. PLUS: SALES TAX COLLECTIONS FROM NON-RESIDENTS (FOR THIS MONTH ONLY)

3. NET SALES AND USE TAX DUE AND PAID

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE

DATE

FEDERAL IDENTIFICATION NO.

05046030100

RETURN FOR MONTH ENDING

FEB 29/00

T-204 M-MV REV 11/99

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY RECONCILIATION (MOTOR VEHICLE) ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

M = Monthly

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

**MOTOR VEHICLE DEALER
MONTHLY - QUARTERLY RECONCILIATION
SALES & USE TAX RETURN**

STM03200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

STMMVR

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

TITLE

DATE

FEDERAL IDENTIFICATION NO.

05046030100

RETURN FOR MONTH ENDING

MAR 31/00

T-204 MR-MV REV 11/99

1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A)
2. LESS: TAX DUE - MONTH 1
3. LESS: TAX DUE - MONTH 2
4. PLUS: SALES TAX COLLECTIONS FROM NON-RESIDENTS (FOR THIS MONTH ONLY)
5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS MUST BE INCLUDED IN LINE 4 SCH A ON BACK)
6. NET SALES AND USE TAX DUE AND PAID

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

QUARTERLY RECONCILIATION (MOTOR VEHICLE) ONLY

System - 2 characters

ST = Sales Tax

Filing Frequency - 1 character

Q = Quarterly

Filing Period - 2 characters

Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 4, PROVIDENCE, RI 02908-5802

MOTOR VEHICLE DEALER
QUARTERLY
SALES & USE TAX RETURN

STQ03200005046030100

NAME	TAXPAYER IDENTIFICATION #	STQMV	1. SALES & USE TAX DUE FOR THE QUARTER (FROM LINE 9 SCH A)
ADDRESS			2. LESS: TAX DUE - MONTH 1
CITY STATE ZIP			3. LESS: TAX DUE - MONTH 2
I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN. SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT			4. PLUS: SALES TAX COLLECTIONS FROM NON-RESIDENTS (FOR THIS QUARTER)
TITLE	DATE		5. LESS: CREDIT FOR SALES TAX PAID IN OTHER STATES (ITEMS MUST BE INCLUDED IN LINE 4 SCH A ON BACK)
FEDERAL IDENTIFICATION NO. 05046030100	RETURN FOR QUARTER ENDING MAR 31/00		6. NET SALES AND USE TAX DUE AND PAID

T-204Q -MV REV 11/99

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED

Scan line must be 2 7/8 ± 1/8" from BOTTOM of form

Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE

Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

HARD TO DISPOSE MATERIAL (WHOLESALE) ONLY

System - 2 characters

HD = Hard to Dispose Material

Filing Frequency - 1 character

M = Monthly

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-5804

HARD TO DISPOSE MATERIAL
WHOLESALE TAX RETURN

HD M 03 20 0005 04 60 30 100

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

TAXPAYER IDENTIFICATION #
05046030100

HTDM-W

PLEASE DO NOT WRITE IN THIS AREA

The undersigned (Name/Title) _____, hereby certifies that he/she is properly authorized to sign this report, that he/she has personal knowledge of the figures and that this return and the information herein c

SIGNATURE	DATE
RETURN FOR THE MONTH OF	YEAR
MAR	31/00

A. TOTAL AMOUNT DUE

\$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HARD TO DISPOSE TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

HOTEL TAX FORM ONLY

System - 2 characters

HO = Hotel

Filing Frequency - 1 character

M = Monthly

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
 Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
 Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
 Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HOTEL TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

HEALTH CARE PROVIDER RETURN (NURSING FACILITIES) ONLY

System - 2 characters

HT = Health Care Provider Tax

Filing Type - 1 character

N = Nursing Facilities

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

HEALTH CARE PROVIDER RETURN
NURSING FACILITIES

HTN01200005046030100

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

TAXPAYER IDENTIFICATION #
05046030100

LICENSE #

DUE DATE

PERIOD COVERED:

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE, IS A TRUE, CORRECT AND COMPLETE RETURN.

SIGNATURE	DATE
TITLE	

1. GROSS PATIENT REVENUE \$

2. RATE 3.35%

PLEASE DO NOT WRITE IN THIS AREA

3. TOTAL DUE \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A HEALTH CARE PROVIDER REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

LITTER CONTROL PARTICIPATION PERMIT ONLY

System - 2 characters

ST = Sales Tax

Filing Type - 1 character

L = Litter Application

Filing Code - 2 characters

Code = 00

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 5, PROVIDENCE, RI 02908-5804

APPLICATION FOR LITTER CONTROL PARTICIPATION PERMIT

STL00200005046030100

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

1. SHOW GROSS RECEIPTS HERE

PLEASE DO NOT WRITE IN THIS AREA

LITTER

TAXPAYER IDENTIFICATION #

05046030100

Number of Vending Machines
(If filing for a Class V permit)

A. I/WE MAKE APPLICATION FOR A CLASS PERMIT FOR THE LOCATION ABOVE AND, UNDER PENALTIES OF PERJURY, CERTIFY THAT THE INFORMATION IS TRUE, CORRECT AND

SIGNATURE	DATE
	TELEPHONE NUMBER

ENTER TOTAL FEE DUE AND PAID \$

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
 Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
 Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
 Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A LITTER CONTROL PERMIT APPLICATION FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

CORPORATION TAX FORMS SPECIFICATIONS

SHORT FORM ONLY

System - 2 characters

CT = Corporation Tax

Filing Type - 1 character

S = Short Form

Filing Period - 2 characters

Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

STATE OF RHODE ISLAND
DIVISION OF TAXATION * ONE CAPITOL HILL STE 9, PROVIDENCE, RI 02908-5811

CORPORATION TAX RETURN
SHORT FORM 1120A(S)
MINIMUM TAX FILERS ONLY

CTS01200005046030100

TAXPAYER IDENTIFICATION #
05046030100

1120A(S)

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

TAX YEAR BEGINNING	TAX YEAR
SIGNATURE OF OFFICER OR AUTHORIZED REPRESENTATIVE	
PRINT NAME	DATE
PHONE NUMBER	

5. RHODE ISLAND BUSINESS CORPORATION TAX	2	5	0	0	0
6. LESS PAYMENTS MADE FOR TAXABLE YEAR					
7. LESS REFUND TO TAXPAYER					
8. LESS CREDIT TO 2000 ESTIMATED TAX					
9. AMOUNT DUE (OVERPAYMENT) LINE 5 MINUS LINE 6	\$				

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A CORPORATION SHORT FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

