### T69-ESINS

#### STATE OF RHODE ISLAND

**INSURANCE 2003**

#### DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX

<table>
<thead>
<tr>
<th>Federal I.D. #:</th>
<th>Calendar Year 2002</th>
<th>1. Total Tax for Prior Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address:</td>
<td></td>
<td>2. Estimated Tax for Current Year</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. 40% of Line 2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. Less Prior Year Amount Applied to Current Year</td>
</tr>
</tbody>
</table>

File this declaration together with amount due to:

**THE DIVISION OF TAXATION**

ONE CAPITOL HILL, STE 9

PROVIDENCE, RI 02908-5811

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE MARCH 15

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

Signature of Officer or Agent ____________________________ Title ____________________________

---------------------------------------------------------------------PLEASE TEAR HERE---------------------------------------------------------------------

### T69-ESINS

#### SECOND ESTIMATE

**STATE OF RHODE ISLAND**

**INSURANCE 2003**

**GROSS PREMIUM INSURANCE**

<table>
<thead>
<tr>
<th>Federal I.D. #:</th>
<th>Calendar Year 2002</th>
<th>1. Total Estimated Tax for Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name and Address:</td>
<td></td>
<td>2. 60% of Line 1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. Less Amount From Prior Credit Applied To This Payment</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. PAYMENT DUE WITH THIS VOUCHER-Line 2 Less Line 2</td>
</tr>
</tbody>
</table>

File this estimated tax payment with amount due to:

**THE DIVISION OF TAXATION**

ONE CAPITOL HILL, STE 9

PROVIDENCE, RI 02908-5811

AMOUNT ON LINE 4 IS DUE AND PAYABLE ON OR BEFORE JUNE 15TH

Signature of Officer or Agent ____________________________ Title ____________________________

---------------------------------------------------------------------PLEASE TEAR HERE---------------------------------------------------------------------

**ESTIMATED VOUCHER INSTRUCTIONS FOR GROSS PREMIUM INSURANCE TAX**

1. Every Insurance Company who is liable for gross premium tax shall file a declaration of its estimated tax for the calendar year, if its estimated tax for such calendar year can reasonably be expected to exceed $500.00. The entire amount of such estimated tax shall constitute the amount of advance required to be paid.
   The due dates and amounts of the installments are as follows:
   - March 15th (40% of total estimated tax due)
   - June 15th (60% of total estimated tax due)

2. There is required and addition to the tax of 12% per annum for underpayments and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.

**NOTE**

When there is not an increase in the tax rate from one year to the next, no interest or penalty will occur for underestimated tax payment if prepayments are made equal to the prior year's tax.

Rev 12/99