ESTIMATED VOUCHER INSTRUCTIONS FOR SURPLUS LINES BROKERS

1. Every Surplus Lines Broker 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:
   April 30th
   June 30th
   October 30th
   December 31st
Each installment shall be 25% of the total estimated tax due for the calendar year.

2. There is required and addition to the tax of 12% per annum for underpayment 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 12/00
**T69-ESSLBDEC**

**SECOND ESTIMATE**

<table>
<thead>
<tr>
<th>STATE OF RHODE ISLAND</th>
<th>SURPLUS LINES BROKER ESTIMATED TAX</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal I.D. #:</strong></td>
<td><strong>Calendar Year 2003</strong></td>
</tr>
<tr>
<td><strong>Name and Address:</strong></td>
<td></td>
</tr>
</tbody>
</table>

1. Total Estimated Tax for Current Year
2. 25% of Line 1
3. Less Amount From Prior Year Credit Applied to This Payment
4. PAYMENT DUE WITH THIS VOUCHER-Line 2 Less Line 3

**PLEASE TEAR HERE**

**File this estimated tax payment with amount due to:**
**THE DIVISION OF TAXATION**
**ONE CAPITOL HILL, STE 9**
**PROVIDENCE, RI 02908-5811**

**Signature of Officer or Agent**

**Title**

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**T69-ESSLB**

**THIRD ESTIMATE**

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1. Total Estimated Tax for Current Year
2. 25% of Line 1
3. Less Amount From Prior Year Credit Applied to This Payment
4. PAYMENT DUE WITH THIS VOUCHER-Line 2 Less Line 3

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**PROVIDENCE, RI 02908-5811**

**Signature of Officer or Agent**

**Title**

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**T69-ESSLB**

**FOURTH ESTIMATE**

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1. Total Estimated Tax for Current Year
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3. Less Amount From Prior Year Credit Applied to This Payment
4. PAYMENT DUE WITH THIS VOUCHER-Line 2 Less Line 3

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**PROVIDENCE, RI 02908-5811**

**Signature of Officer or Agent**

**Title**

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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.