What Is Form RI 1040C-V and Do You Need To Use It?

It is a statement you send with your payment of any balance due on line 23 of your Form RI-1040C. Using Form RI 1040C-V allows us to process your payment more accurately and efficiently. We strongly encourage you to use Form RI 1040C-V, but there is no penalty if you do not do so.

How To Fill In Form RI 1040C-V

1. Enter the name and addresses as shown on your return.
2. Enter the Federal Identification Number in the box provided.
3. Enter the amount of the payment you are making.

Also enter below for your records.

Date Paid    Check Number    Amount

DO NOT USE THIS VOUCHER TO MAKE A PAYMENT ON YOUR PERSONAL INCOME TAX RETURN. THIS VOUCHER IS TO BE USED BY AN ENTITY FILING A COMPOSITE TAX RETURN.

How To Prepare Your Payment

Make your check or money order payable to the “R.I. Division of Taxation.” Do not send cash. Make sure the name and address appears on the check or money order. Write "Form RI 1040C-V," daytime phone number and federal Identification Number on your check or money order.

How To Send In Your Return, Payment, and RI 1040C-V

Retain the top portion of this form for your records. Detach and return the lower portion with your payment. DO NOT staple or otherwise attach your payment of Form RI 1040C-V to your return or to each other. Instead, just put them loose in an envelope. Mail your tax return, payment and Form RI 1040C-V to the Rhode Island Division of Taxation, One Capitol Hill, Providence, RI 02908-5807.

PAYMENT BY CREDIT CARD

Contact the service provider listed below and follow their instructions. Enter on page 1 of Form RI-1040C, in the upper left corner, the confirmation number you were given at the end of the transaction and the amount of your tax payment (not including the convenience fee).

Telephone: 1-800-2PAY-TAX (1-800-272-9829) Internet: www.officialpayments.com

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RI 1040C-V RHODE ISLAND COMPOSITE PAYMENT VOUCHER 2010

Division of Taxation - One Capitol Hill, Providence, RI 02908-5807

DO NOT STAPLE OR ATTACH THIS VOUCHER TO YOUR PAYMENT

NAME

ADDRESS

CITY, STATE & ZIP CODE

FEDERAL IDENTIFICATION NUMBER

ENTER AMOUNT ENCLOSED $ 0 0 0 0 0 0 0 0