

DECLARATION OF SURPLUS LINES BROKER - ESTIMATED TAX VOUCHER INSTRUCTIONS

1. Every surplus lines broker liable for the gross premiums tax shall file a declaration of its estimated tax for the calendar year if its estimated tax for such taxable 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.
2. The amounts and due dates of the installments are as follows:
 - > 25% of the calendar year tax by April 30th
 - > 50% of the calendar year tax by June 30th
 - > 75% of the calendar year tax by October 31st
 - > 100% of the calendar year tax by December 31st
3. Every surplus lines broker is subject to an assessment of 18% per annum for underpayments and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.
4. 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.
5. Mail voucher and payment to:
 - RI Division of Taxation
 - One Capitol Hill - Suite 9
 - Providence, RI 02908-5814

Payments can be made online. For more information, visit: <https://www.ri.gov/taxation/business/index.php>
 If your estimate is zero or you make your payment online, you do not need to send in this estimated tax form.

T69-ESSLBDEC	STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814	2012 Calendar Year
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**DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX
FOURTH ESTIMATE**

NAME
ADDRESS
CITY, STATE, ZIP CODE
TAXPAYER IDENTIFICATION #

**T69-
ESSLBDEC**

1. TOTAL TAX FOR PRIOR YEAR	\$	0 0
2. ESTIMATED TAX FOR CURRENT YEAR	\$	0 0
3. 100% OF LINE 2	\$	0 0
4. LESS AMOUNT PAID OR CREDITED TO DATE	\$	0 0

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, and complete.

5. PAYMENT DUE WITH THIS VOUCHER (LINE 3 LESS LINE 4)	\$	0 0
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Signature of Officer or Agent

Title

Date

Key #13

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE DECEMBER 31ST

T69-ESSLBDEC	STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814	2012 Calendar Year
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**DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX
THIRD ESTIMATE**

NAME
ADDRESS
CITY, STATE, ZIP CODE
TAXPAYER IDENTIFICATION #

**T69-
ESSLBDEC**

1. TOTAL TAX FOR PRIOR YEAR	\$	0 0
2. ESTIMATED TAX FOR CURRENT YEAR	\$	0 0
3. 75% OF LINE 2	\$	0 0
4. LESS AMOUNT PAID OR CREDITED TO DATE	\$	0 0

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, and complete.

5. PAYMENT DUE WITH THIS VOUCHER (LINE 3 LESS LINE 4)	\$	0 0
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Signature of Officer or Agent

Title

Date

Key #13

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE OCTOBER 31ST

DECLARATION OF SURPLUS LINES BROKER - ESTIMATED TAX VOUCHER INSTRUCTIONS

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 - Providence, RI 02908-5814

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 If your estimate is zero or you make your payment online, you do not need to send in this estimated tax form.

T69-ESSLBDEC	STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814	2012 Calendar Year
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**DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX
SECOND ESTIMATE**

NAME
ADDRESS
CITY, STATE, ZIP CODE
TAXPAYER IDENTIFICATION #

**T69-
ESSLBDEC**

1. TOTAL TAX FOR PRIOR YEAR	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>											.	00
2. ESTIMATED TAX FOR CURRENT YEAR	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											.	00
3. 50% OF LINE 2	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											.	00
4. LESS AMOUNT PAID OR CREDITED TO DATE	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											.	00
5. PAYMENT DUE WITH THIS VOUCHER (LINE 3 LESS LINE 4)	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											.	00

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, and complete.

Signature of Officer or Agent

Title

Date

Key #13

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE JUNE 30TH

T69-ESSLBDEC	STATE OF RHODE ISLAND DIVISION OF TAXATION * ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5814	2012 Calendar Year
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**DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX
FIRST ESTIMATE**

NAME
ADDRESS
CITY, STATE, ZIP CODE
TAXPAYER IDENTIFICATION #

**T69-
ESSLBDEC**

1. TOTAL TAX FOR PRIOR YEAR	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td><td style="width: 20px;"> </td></tr> </table>											.	00
2. ESTIMATED TAX FOR CURRENT YEAR	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											.	00
3. 25% OF LINE 2	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											.	00
4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											.	00
5. PAYMENT DUE WITH THIS VOUCHER (LINE 3 LESS LINE 4)	\$	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>											.	00

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, and complete.

Signature of Officer or Agent

Title

Date

Key #13

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE APRIL 30TH
