1. Every financial institution liable for the bank excise 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:
   --> 40% by 15th day of the 3rd month of the taxable year
   --> 60% by 15th day of the 6th month of the taxable year

3. Every financial institution 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 02908-5811

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.

---

T-69ES-BE
STATE OF RHODE ISLAND
DIVISION OF TAXATION • ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

DECLARATION OF BANKING INSTITUTION EXCISE ESTIMATED TAX
SECOND ESTIMATE

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FEDERAL EMPLOYER IDENTIFICATION NUMBER

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

Key #11

T-69ES-BE
STATE OF RHODE ISLAND
DIVISION OF TAXATION • ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

DECLARATION OF BANKING INSTITUTION EXCISE ESTIMATED TAX
FIRST ESTIMATE

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY, STATE, ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

FEDERAL EMPLOYER IDENTIFICATION NUMBER

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

Key #11

---