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4 State of Rhode Island Division of Taxation



5 Form RI-941

6 Employer's Quarterly Tax Return and Reconciliation

19106099990101

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8

9 Name Federal employer identification number

10 Address For the quarter ending:

MMDDYYYY

11

12 Address 2 E-mail address

13

14 City, town or post office State ZIP code

Amended Return

15

16

17

18 Enter the RI state income tax withheld during this quarter and due to the RI Division of Taxation based on the payment frequency required by law.

19 Weekly payers: Enter the RI state income tax withheld during for each week in the appropriate column and row.

20 Monthly payers: Enter the RI state income tax withheld during each month of the quarter using the "Total" row ONLY (see boxes below).

21 Quarterly payers: Enter the RI state income tax withheld during the quarter in the "3rd MONTH" column, "Total" row ONLY (see box below). See instructions for more detail.

22 MONTH 1st MONTH OF QUARTER 2nd MONTH OF QUARTER 3rd MONTH OF QUARTER

23

24 Week 1

25

26 Week 2

27

28 Week 3

29

30 Week 4

31

32 Week 5

33

34 Total

Monthly payers use these 3 boxes

Quarterly payers enter your amount here

35

36

37

38

39

40 1 State income tax withheld from wages, tips, and other compensation for this quarter..... 1

41

42 2 State income tax withholding payments made to the RI Division of Taxation to date for this quarter..... 2

43

44 3 State income tax withholding amount due and paid with this return. Subtract line 2 from line 1..... 3

45

46

47

48 4 Number of employees who received wages, tips, and other compensation for this quarter..... 4

49

50 5 Total amount of wages, tips, and other compensation for this quarter ..... 5

51

52 Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and

53 belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

54 Authorized officer signature Print name Date Telephone number

55

56 Paid preparer signature Print name Date Telephone number

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59 Paid preparer address City, town or post office State ZIP Code PTIN

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May the Division of Taxation contact your preparer? YES

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Mail to: RI Division of Taxation, One Capitol Hill, Providence, RI 02908

Revised 10/2020

