

NAME
ADDRESS
CITY, STATE & ZIP CODE

MTQ



16124499990101

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT

FORM MTQ REV D 04/2021	TITLE	DATE
	FEDERAL IDENTIFICATION NUMBER	RETURN FOR QUARTER ENDING

TOTAL MEALS & BEVERAGE
TAXES DUE AND PAID
(FROM REVERSE)

\$ _____.

TAXPAYER NAME		FID#			
Schedule A					
Barrington	01	Hopkinton	14	Portsmouth	27
Bristol	02	Jamestown	15	Providence	28
Burrillville	03	Johnston	16	Richmond	29
Central Falls	04	Lincoln	17	Scituate	30
Charlestown	05	Little Compton	18	Smithfield	31
Coventry	06	Middletown	19	South Kingstown	32
Cranston	07	Narragansett	20	Tiverton	33
Cumberland	08	Newport	21	Warren	34
East Greenwich	09	New Shoreham	22	Warwick	35
East Providence	10	North Kingstown	23	Westerly	36
Exeter	11	North Providence	24	West Greenwich	37
Foster	12	North Smithfield	25	West Warwick	38
Glocester	13	Pawtucket	26	Woonsocket	39
TOTAL (MUST MATCH TOTAL ON FRONT OF RETURN)					
