State of Rhode Island  
Department of Revenue - Division of Taxation  
HEALTH CARE PROVIDER TAX RETURN  
Due on or before the 25th day of the following month

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>PHONE NUMBER</th>
<th>FEDERAL IDENTIFICATION NUMBER</th>
<th>RETURN FOR THE PERIOD OF:</th>
</tr>
</thead>
</table>

Under penalties of perjury, I hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

**INSTRUCTIONS**

Line 1: **Resident Care Service Income from Providing 24 Hour a Day Service** - Enter the amount of cash receipts for Resident Care Service from the State of Rhode Island provided on a twenty-four hour basis for individuals with developmental disabilities.

Line 2: **Rate** - The applicable rate for a Residential Care Facility or Residential Provider is 5.5%.

Line 3: **Tax Due** - Multiple Line 1 times Line 2.

Line 4: **Interest** - Interest is calculated from the due date of the return to the date of remittance at a rate of 18% per annum. If remitting after the due date, multiply Line 3 times 1.5% (0.015) times the number of months late.

Line 5: **Penalty** - If remitting after the due date, multiply Line 3 times 10% (0.10). Penalty is calculated at 10% of the tax due.

Line 6: **Total Amount Due** - Add lines 3, 4 and 5.

**PROVIDERS WITH MORE THAN SIX (6) RESIDENTIAL CARE FACILITIES SHOULD COMPLETE MORE THAN ONE RETURN, BUT ONLY ONE TOTAL COLUMN.**

Under penalties of perjury, I hereby certify that I have personal knowledge of the statements and other information constituting this return, that the same are true, correct and complete to the best of my knowledge and belief.

<table>
<thead>
<tr>
<th>Date</th>
<th>Signature of authorized officer</th>
<th>Title</th>
<th>Date</th>
<th>Signature of preparer</th>
<th>Address of preparer</th>
<th>Phone number</th>
</tr>
</thead>
</table>

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES [ ] NO [ ]