

Form TPO-3**Warwick Airport Parking Surcharge on Transient Parking**

Operator name			Federal employer identification number/social security number		
DBA name			For the month ending:		
			MM/DD/YYYY		
Mailing address			Parking permit number		
City, town or post office		State	ZIP code	E-mail address	

INSTRUCTIONS

Requirement to file: Pursuant to RI Gen. Laws 1-6-2, any person, partnership, corporation, joint venture, firm, individual proprietorship or other entity who provides transient parking in the Warwick Airport Parking District (as defined in RI Gen. Laws 1-6-1) is required to file this return and pay the appropriate surcharge.

Filing date: This return is to be filed with the Rhode Island Division of Taxation on or before the 20th day of each month to reflect surcharges due on transient parking receipts for the previous calendar month. Payment must accompany this return.

Imposition of surcharge: A five percent (5%) surcharge is required to be charged on transient parking receipts. Transient parking receipts is defined as the gross receipts collected by an operator (excluding the surcharge imposed by this law) in consideration of providing transient parking.

Definition of "Transient Parking": "Transient Parking" means any parking for motor vehicles at a lot, garage, or other parking facility within the district for which a fee is collected by the operator, excluding:

- 1) parking for which the fee is charged and paid on a monthly or less frequent basis;
- 2) parking for any employee of the operator of the facility;
- 3) parking provided by any hotel or motel for registered guests; and
- 4) parking provided by validation or having a validated rate, where the person providing the validation does not maintain a place of business at T.F. Green state airport.

Physical address of parking facility in Warwick: _____

Computation of Surcharge

1 Transient parking receipts for the month (as defined above).....

1

2 Total surcharge due. Multiply line 1 times 5% (0.0500).....

2

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, accurate and complete.

Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Authorized officer signature	Print name	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP Code PTIN

May the Division of Taxation contact your preparer? YES ☐

Revised 04/2021