## DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX VOUCHER INSTRUCTIONS

- 1. Every insurance company liable for the gross premium tax shall file a declaration of its estimated tax for the calen dar 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 March 15th of the calendar year
- --> 60% by June 15th of the calendar 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

T69-ESINS

STATE OF RHODE ISLAND

DIVISION OF TAXATION \* ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

2009 Calendar Year

## DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX SECOND ESTIMATE

NAME		TCO	1. TOTAL TAX FOR PRIOR YEAR		0 0
CITY, STATE, ZIP CODE		Т69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
		<b>ESINS</b>	3. 60% OF LINE 2		0 0
TAXPAYER IDENTIFICATION #			4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT		0 0
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			5. PAYMENT DUE WITH THIS VOUCHER	\$	0 0
Title Date		Key #13	AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE JUNE 15TH		

T69-ESINS

STATE OF RHODE ISLAND
DIVISION OF TAXATION \* ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

2009 Calendar Year

## DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX FIRST ESTIMATE

NAME			1. TOTAL TAX FOR PRIOR YEAR		0 0
ADDRESS		T69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
CITY, STATE, ZIP CODE		<b>ESINS</b>	3. 40% OF LINE 2		0 0
TAXPAYER IDENTIFICATION #			4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT		0 0
I declare, under the penalties of perjury, that this document has been to the best of my knowledge and belief, is true, and complete.	examined by me and,				
Signature of Officer or Agent			5. PAYMENT DUE WITH THIS VOUCHER	\$	0 0
Title	Date	Key #13	AMOUNT ON LINE 5 IS D	UE AND PAYABLE ON OR BEFORE	MARCH 15TH