DECLARATION OF PUBLIC SERVICE CORPORATION ESTIMATED TAX VOUCHER INSTRUCTIONS

- 1. Every public service corporation liable for the gross earnings public service tax shall file a declaration of its estimated tax for the calendar 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 public service corporation 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-ESPS

STATE OF RHODE ISLAND

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

DECLARATION OF PUBLIC SERVICE CORPORATION ESTIMATED TAX SECOND ESTIMATE

NAME ADDRESS		T 00	1. TOTAL TAX FOR PRIOR YEAR		0 0
CITY, STATE, ZIP CODE		T69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
		ESPS	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 docu to the best of my knowledge and belief, is true, and co					
Signature of Officer of	or Agent		5. PAYMENT DUE WITH THIS VOUCHER	\$	00
Title	Date	Key #22	AMOUNT ON LINE 5 IS	DUE AND PAYABLE ON O	R BEFORE JUNE 15TH

T69-ESPS

STATE OF RHODE ISLAND

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

DECLARATION OF PUBLIC SERVICE CORPORATION ESTIMATED TAX **FIRST ESTIMATE**

NAME			1. TOTAL TAX FOR PRIOR YEAR		0 0
ADDRESS CITY, STATE, ZIP CODE		T69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
TAXPAYER IDENTIFICATION #		ESPS	3. 40% OF LINE 2		0 0
I declare, under the penalties of perjury, that this docume	ent has been examined by me and		4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT		0 0
to the best of my knowledge and belief, is true, and com					
Signature of Officer or A	gent		5. PAYMENT DUE WITH THIS VOUCHER	\$	0 0
			AMOUNT ON LINE 5 IS I	DUE AND PAYABLE ON OR	DEEODE MADOU 15TU
Title	Date	Kov #22	AWOON I ON LINE 5 IS I	JUL AND FATABLE ON OR	BLEOKE WARON 1311

Key #22