DECLARATION OF SURPLUS LINES BROKER - ESTIMATED TAX VOUCHER INSTRUCTIONS

- 1. Every surplus lines broker liable for the gross premiums 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:
- --> 25% by April 30th of the calendar year
- --> 25% by June 30th of the calendar year.
- --> 25% by October 30th of the calendar year
- --> 25% by December 31st of the calendar year
- 3. Every surplus lines broker 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-ESSLBDEC STATE OF KHODE ISLAND

STATE OF KHODE ISLAND

ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX **FOURTH ESTIMATE**

NAME		1. TOTAL TAX FOR PRIOR YEAR		0 0
ADDRESS CITY, STATE, ZIP CODE	T69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
TAYDAYED IDEATIFICATION #	ESSLBDEC	3. 25% 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 DUI	E AND PAYABLE ON OR BEFORE DECE	EMBER 31ST

T69-ESSLBDEC STATE OF RHODE ISLAND

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

DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX THIRD ESTIMATE

NAME		1. TOTAL TAX FOR PRIOR YEAR		0 0
ADDRESS CITY, STATE, ZIP CODE	T69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
	ESSLBDEC	3. 25% 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	Kov #13	AMOUNT ON LINE 5 IS DU	JE AND PAYABLE ON OR BEFORE OC	TOBER 30TH

Key #13

DECLARATION OF SURPLUS LINES BROKER - ESTIMATED TAX VOUCHER INSTRUCTIONS

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5. Mail voucher and payment to:

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T69-ESSLBDEC STATE OF KHODE ISLAND

STATE OF KHODE ISLAND

ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5811

DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX SECOND ESTIMATE

NAME		T 00	1. TOTAL TAX FOR PRIOR YEAR		0 0
ADDRESS CITY, STATE, ZIP CODE		Т69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
TAXPAYER IDENTIFICATION #		ESSLBDEC	3. 25% OF LINE 2		0 0
			4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT		0 0
I declare, under the penalties of perjury, that this document hat to the best of my knowledge and belief, is true, and complete.	s been examined by me and,				
Signature of Officer or Ageni	i .		5. PAYMENT DUE WITH THIS VOUCHER	\$	0 0
Title	Date	Key #13	AMOUNT ON LINE 5 IS	DUE AND PAYABLE ON OR BEFORE	JUNE 30TH

Title

T69-ESSLBDEC STATE OF RHODE ISLAND

STATE OF RHODE ISLAND

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

DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX **FIRST ESTIMATE**

NAME	T 00	1. TOTAL TAX FOR PRIOR YEAR		0 0
ADDRESS CITY, STATE, ZIP CODE	T69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
	ESSLBDEC	3. 25% OF LINE 2		0 0
TAXPAYER IDENTIFICATION # I declare, under the penalties of perjury, that this document 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 complete.				
Signature of Officer or Agent		5. PAYMENT DUE WITH THIS VOUCHER	\$	0 0
		AMOUNT ON LINE FIG	DUE AND DAVABLE ON OR DECORE	ADDII 20TII

Key #13

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE APRIL 30TH