## 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 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 insurance company 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:

T69-ESINS

RI Division of Taxation One Capitol Hill - Suite 9 Providence, RI 02908-5807

Payments can be made online. For more information, visit: https://www.ri.gov/taxation/business/index.php

STATE OF RHODE ISLAND DIVISION OF TAXATION \* ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5807



## DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX SECOND ESTIMATE

	1			
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. 60% OF LINE 2		0 0
TAXPAYER IDENTIFICATION #		4. LESS AMOUNT FROM PRIOR YEAR CREDITED		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.		TO THIS PAYMENT		
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 DIVISION OF TAXAT	STATE OF RHO	DE ISLAND L SUITE 9, PROVIDENCE, RI	02908-5807	2010 Calendar Year
DECLARATION OF GRO	SS PREMI	JM INSURAI	NCE ESTIN	<b>IATED TAX</b>
	FIRST E	STIMATE		
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		
I declare, under the penalties of perjury, that this document has been examined by me and,		PRIOR YEAR CREDITED TO THIS PAYMENT		0 0
to the best of multiplication and belief is two and secondate				
to the best of my knowledge and belief, is true, and complete.		5. PAYMENT DUE WITH THIS	\$	

Signature of Officer or Agent

Date

AMOUNT ON LINE 5 IS DUE AND PAYABLE ON OR BEFORE MARCH 15TH