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 02908-5807

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 02908-5807

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 02908-5807

DECLARATION OF SURPLUS LINES BROKER ESTIMATED TAX THIRD ESTIMATE

NAME	1	1. TOTAL TAX FOR PRIOR		
ADDRESS	TCO	YEAR		0 0
	T69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
CITY, STATE, ZIP CODE	ESSLBDEC	3. 25% OF LINE 2		0 0
		3. 25% 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		
		5. PAYMENT DUE WITH THIS VOUCHER	\$	0 0
Signature of Officer or Agent	•		Ψ	
		AMOUNT ON LINE 5 IS DU	JE AND PAYABLE ON OR BEFORE O	CTOBER 30TH

Key #13

DECLARATION OF SURPLUS LINES BROKER - ESTIMATED TAX VOUCHER INSTRUCTIONS

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5. Mail voucher and payment to:

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

T69-ESSLBDEC STATE OF KHODE ISLAND

STATE OF KHODE ISLAND

ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5807

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
TAVBAVED IDENTIFICATION II		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 to the best of my knowledge and belief, is true, and co					
Signature of Officer o	r 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 30TH

T69-ESSLBDEC STATE OF RHODE ISLAND

STATE OF RHODE ISLAND

ONE CAPITOL HILL SUITE 9, PROVIDENCE, RI 02908-5807

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

NAME				
	T 00	1. TOTAL TAX FOR PRIOR YEAR		0 0
ADDRESS	T69-	2. ESTIMATED TAX FOR CURRENT YEAR		0 0
CITY, STATE, ZIP CODE	ESSLBDEC			
	ESSEDDEC	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.		TO THIS PATHLET		
to the best of my knowledge and belief, is true, and complete.				
		5. PAYMENT DUE WITH THIS VOUCHER	\$	0 0
Signature of Officer or Agent				
		AMOUNT ON LINE 5 IS	DITE AND DAVABLE ON OD BEEODE AR	DII 30TH

Key #13