## 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:

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 If your estimate is zero or you make your payment online, you do not need to send in this estimated tax form.

T-69ES-INS

STATE OF RHODE ISLAND

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

2013 Calendar Year

## DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX SECOND ESTIMATE

NAME		1. TOTAL TAX FOR PRIOR YEAR	\$ 00
CITY, STATE, ZIP CODE	T-69ES-INS	2. ESTIMATED TAX FOR CURRENT YEAR	\$
		3. 60% OF LINE 2	\$
FEDERAL EMPLOYER IDENTIFICATION NUMBER		4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT	\$
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	\$ 00
	Key #13	AMOUNT ON LINE 5 IS	DUE AND PAYABLE ON OR BEFORE JUNE 15TH

T-69ES-INS

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

2013 Calendar Year

## DECLARATION OF GROSS PREMIUM INSURANCE ESTIMATED TAX FIRST ESTIMATE

NAME		1. TOTAL TAX FOR PRIOR YEAR	\$ 00
ADDRESS  CITY, STATE, ZIP CODE	T-69ES-INS	2. ESTIMATED TAX FOR CURRENT YEAR	\$ 00
		3. 40% OF LINE 2	\$ 00
FEDERAL EMPLOYER IDENTIFICATION NUMBER		4. LESS AMOUNT FROM PRIOR YEAR CREDITED TO THIS PAYMENT	\$
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	\$ 00
		AMOUNT ON LINE 5 IS D	ILIE AND PAVARI E ON OR REFORE MARCH 15TH

Key #13

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