HCP-65 IMAGING SERVICE SURCHARGE

State of Rhode Island and Providence Plantations Department of Revenue - Division of Taxation IMAGING SERVICES SURCHARGE RETURN

Due on or before the 25th day of the following month

NAME									
ADDRES	S								
CITY		STATE	Z	IP CODE					
PHONE I	NUMBER								
FEDERA	L EMPLOYER	R IDENTIFICATION NUMBER							
RETURN	FOR THE PE	ERIOD OF: MONTH		YEAR					
Calcu	lation of	f Amount Due:							
1. N	Net patient	imaging revenue received						1.	
2. I	maging se	rvices surcharge - line 1 time 2% (0.02)						2.	
3. I	nterest - (1	1.5% per month) see instructions			3.				
4. F	Penalty - (1	10%) see instructions			4.				
5. 7	Total Intere	st and penalty amount				<u> </u>		5.	
		OUNT DUE (Add lines 2 and 5)						6.	
Line 1:	amount of all monies and other consideration received time 10% (0.10). Penal for the provision of imaging services for the month being surcharge due. reported on this return.						is calc	ulate	ed at 10% of the
Line 2:	Imaging Services Surcharge - Multiply Line 1 times 2.0% (0.02)			Line 5: Total Interest and Penalty Amount - Add lines 3 and 4. Line 6: Total Amount Due - Add line 2 and 5.					
Line 3:	: Interest - If remitting after the due date, multiply Line 2 times 1.5% (0.015) times the number of months late. Interest is calculated from the due date of the return to the date of remittance at a rate of 18% per annum.			EFFECTIVE OCTOBER 31, 2007, PAYMENTS MUST BE MADE BY ELECTRONIC FUNDS TRANSFER (EFT). QUESTIONS REGARDING EFT TRANSFERS MAY BE DIRECTED TO (401)574-8484.					
		rjury, I hereby certify that I have personal knowledge of the to the best of my knowledge and belief.	statements	and other inf	orma	tion constitutir	ng this re	eturn,	that the same are true,
Date		Signature of authorized officer		Tit	tle				
Date		Signature of preparer		Ac	ddres	s of preparer			
MAY TH	E DIVISION	CONTACT YOUR PREPARER ABOUT THIS RETURN	I? YES	NO P	none	number			

Key #75 revised 9/28/2011