| Name |  |  | Federal employer identification number |
| :---: | :---: | :---: | :---: |
| Address |  |  | For the month ending: |
|  |  |  | MM/DD/YYY |
| Address 2 |  |  |  |
| City, town or post office | State | ZIP code | E-mail address |

## Calculation of Amount Due:



## INSTRUCTIONS

Line 1: Net Patient Imaging Revenue Received - Enter the amount of all monies and other consideration received for the provision of imaging services for the month being reported on this return.

Line 2: Imaging Services Surcharge - Multiply line 1 times 2.0\% (0.02)

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.

Line 4: Penalty - If remitting after the due date, multiply line 2 time $10 \%$ ( 0.10 ). Penalty is calculated at $10 \%$ of the surcharge due.

Line 5: Total Interest and Penalty Amount - Add lines 3 and 4.
Line 6: Total Amount Due - Add lines 2 and 5.

## PAYMENTS MUST BE MADE BY ELECTRONIC FUNDS

 TRANSFER (EFT).For more information, visit www.tax.ri.gov/contact/ .


