

State of Rhode Island and Providence Plantations Form HCP-65

Imaging Services Surcharge Return

Name		
		For the month ending:
		MM/DD/YYYY
State	ZIP code	E-mail address
	State	State ZIP code

Calculation of Amount Due:

1	Net patient imaging revenue received	. 1	
2	Imaging services surcharge. Multiply line 1 times 2% (0.02)	. 2	
3	Interest calculated at 1.5% per month. See instructions		
4	Penalty calculated at 10%. See instructions 4		
5	Total interest and penalty amount. Add lines 3 and 4	. 5	
6	TOTAL AMOUNT DUE. Add lines 2 and 5	. 6	

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/ .

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.									
Authorized officer signature	Print name		Date	Telephone number					
Paid preparer signature	Print name		Date	Telephone number					
Paid preparer address	City, town or post office	State	ZIP code	PTIN					