

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

1st estimate is due by the 15th day of the third month of the taxable year; 2nd estimate is due by the 15th day of the sixth month of the taxable year

## Part 1: Declaration of estimated tax

Check the box next to the form for which you are making an estimated payment. Check only one box.

| Form RI-1120POL - R | Rhode Island | Political ( | Organization - | - Kev #77 |
|---------------------|--------------|-------------|----------------|-----------|
|                     |              |             | ganneau        |           |

Form T-71 - Rhode Island Gross Premium Insurance - Key #13

Form T-72 - Rhode Island Public Service Corporation Gross Earnings - Key #22

Form T-74 - Rhode Island Banking Institution Excise - Key #11

Form T-86 - Rhode Island Bank Deposits - Key #10

Mail voucher and payment to: RI Division of Taxation One Capitol Hill - Suite 9 Providence, RI 02908-5811

## Part 2: Amount due with estimate

| 1 | Total tax from prior year   | 1 |  |
|---|---|---|--|
| 2 | Estimated tax due for the current year                                      | 2 |  |
| 3 | Estimated tax payment due (40% for first estimate, 60% for second estimate) | 3 |  |
| 4 | Overpayment carried forward from prior year being applied to this payment   | 4 |  |
| 5 | Amount due with this estimate. Subtract line 4 from line 3                  | 5 |  |

## Payments can be made online. For more information, visit: https://www.ri.gov/taxation/business/index.php

 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
 City, town or post office
 State
 ZIP Code
 PTIN