

## State of Rhode Island and Providence Plantations

## Form BUS-EST

## **Business Tax Estimated Payment Form**

Name				Federal employer identification number				
Address				For the period ending:				
Address 2								
City, town or post office State ZIP code				E-mail address				
Estimates are due by the 15th day of the fourth, sixth, ninth and twelfth months of the taxable year								
Part 1: Declaration of estimated tax	tii day oi t	ne rourin, six	cui, iiiiu	i and twentin	nontris of the tax	able ;	yeai	
Check the box next to the form for wh	nich vou c	ero makina	an octin	nated navm	ant Chack and	v one	hov	
_	-	_	an esun	татей раупт	ent. Check on	y One	BOX.	
Form RI-1120 - Rhode Island Corporate Income Tax					The amounts and due dates of the installments for a calendar year filer are as follows: 25% of the taxable year tax by April 15th 50% of the taxable year tax by June 15th 75% of the taxable year tax by Sept 15th 100% of the taxable year tax by Dec 15th			
Form RI-1120POL - Rhode Island Political Organization Tax								
Form T-71 - Rhode Island Gross Premium Insurance Tax								
Form T-72 - Rhode Island Public Service Corporation Gross Earnings Tax  Mail vo						ucher and payment to:		
Form T-74 - Rhode Island Banking Institution Excise						Division of Taxation One Capitol Hill		
Form T-86 - Rhode Island Bank Deposits					Providence, RI 02908  NOTE: If payment is made online,			
							I to send voucher in.	
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. Multiply line 2 by the applicable percentage. (25% for first estimate, 50% for second estimate, 75% for third estimate, 100% for fourth estimate)						3		
4 Estimated tax payments made. Add the overpayment carried forward from the prior year being applied to this payment plus the estimated taxes paid to date for this tax year						4		
5 Amount due with this estimate. Subtract line 4 from line 3						5		
Payments can be made online. For	or more in	formation, v	isit: ht	ps://www.ri.	gov/taxation/bu	sines	ss/index.php	
Under penalties of perjury, I declare that I have example belief, it is true, accurate and complete. Declaration								
Authorized officer signature	Print name			Date		Telephone number		
Paid preparer signature	Print name			Date		Telephone number		
Paid preparer address C	d preparer address City, town or post office St			e ZIP Code		PTIN		
May the D	ivision of Ta	axation contac	t vour pre	parer? YES				