

State of Rhode Island and Providence Plantations Form BUS-EST



13111299990101

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 addres	SS				
Estimates are due by the 15th day of the fourth, sixth, ninth and twelfth months of the taxable year									
Part 1: Declaration of estimated t	tax								
Check the box next to the form	for which you a	are making	an estima	ated payme	ent. Chec	k only on	e box.		
Form RI-1120 - Rhode Island C	Corporate Incom	ne Tax - Key	/ #54		The	amounte	s and due dates		
Form RI-1120POL - Rhode Island Political Organization Tax - Key #78						of the insta	the installments for a r year filer are as follows:		
					25% of the taxable year tax by April 15th 50% of the taxable year tax by June 15th				
Form T-71A - Surplus Lines - Key #13						e taxable year tax by Sept 15th he taxable year tax by Dec 15th			
Form T-72 - Rhode Island Public	c Service Corpo	ration Gross	s Earning	s Tax - Key	[,] #22 Ma		r and payment	to:	
Form T-74 - Rhode Island Banking Institution Excise - Key #11						One (Division of Taxation One Capitol Hill		
Form T-86 - Rhode Island Bank Deposits - Key #10					NO		nce, RI 02908 nent is made onli	ino	
							d to send vouche		
Part 2: Amount due with estimate	e								
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)									
4 Estimated tax payments made. If applicable, 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									
Payments can be made onli	ine. For more in	formation, v	/isit: http	s://www.ri.	gov/taxatio	on/busine	ss/index.php		
Under penalties of perjury, I declare that I had belief, it is true, accurate and complete. De	ve examined this reclaration of prepare	eturn and according to the start of the star	mpanying s axpayer) is	chedules and based on all i	d statements, information o	and to the f which prep	best of my knowled parer has any know	ige and ledge.	
Authorized officer signature Print name				Date		Tele	Telephone number		
Paid preparer signature	Print name			Date		Tele	Telephone number		
Paid preparer address City, town or post office Stat			State	ZIP Code			PTIN		