

State of Rhode Island and Providence Plantations
Form SLB-EST
 Surplus Lines Broker 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

INSTRUCTIONS

1. Every surplus lines broker liable for the gross premiums tax shall file a declaration of its estimated tax for the calendar year if its estimated tax for such taxable year can reasonably be expected to exceed \$500.00. The entire amount of such estimated tax shall constitute the amount of advance required to be paid.
2. The amounts and due dates of the installments are as follows:
 - > 25% of the calendar year tax by April 30th
 - > 50% of the calendar year tax by June 30th
 - > 75% of the calendar year tax by October 31st
 - > 100% of the calendar year tax by December 31st
3. Every surplus lines broker is subject to an assessment of 18% per annum for underpayments and penalties for the willful neglect or failure to file a declaration or pay any installment due thereunder.
4. When there is not an increase in the tax rate from one year to the next, no interest or penalty will occur for underestimated tax payment, if prepayments are made equal to the prior year's tax.
5. Mail voucher and payment to:

RI Division of Taxation
 One Capitol Hill - Suite 9
 Providence, RI 02908-5811

Payments can be made online. For more information, visit: <https://www.ri.gov/taxation/business/index.php>
If your estimate is zero or you make your payment online, you do not need to send in this estimated tax form.

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 Overpayment from prior year being applied to this payment plus any amounts paid to date..	4	
5 Amount due with this estimate. Subtract line 4 from line 3.....	5	

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

May the Division of Taxation contact your preparer? YES ☐

Revised 08/2016

Key #13