

Please scroll down for the form at the bottom of this page. Review the form for accuracy.
Remember to detach the form before mailing to the agency.

(CUT HERE)



STATE OF RHODE ISLAND
DIVISION OF TAXATION @ DEPT#200 @ PO BOX 9703 @ PROVIDENCE, RI 02940-9703

WITHHOLDING TAX RETURN @
MONTHLY

WTM

I HEREBY CERTIFY THAT THIS RETURN, TO THE BEST OF MY KNOWLEDGE AND BELIEF, IS A TRUE, CORRECT AND COMPLETE RETURN.	
SIGNATURE OF OWNER, PARTNER OR AUTHORIZED AGENT	
TITLE	DATE
ACCOUNT IDENTIFICATION NUMBER	RETURN FOR MONTH ENDING

TAX AMOUNT DUE AND PAID \$