



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 DEPARTMENT OF ADMINISTRATION
 DIVISION OF TAXATION
 ONE CAPITOL HILL
 PROVIDENCE, RI 02908
RHODE ISLAND STREAMLINED RETURN

| | | |
|---------------------------|------------------|----------------|
| Name | | |
| Address | | |
| City, Town or Post Office | State | Zip code |
| Streamlined Permit Number | Tax Period From: | Tax Period To: |

SCHEDULE A

| | | |
|---|----|--|
| 1. Gross sales..... | 1. | |
| 2. Cost of Personal Property purchased on resale certificate but used by you..... | 2. | |
| 3. USE TAX: Cost of personal property..... | 3. | |
| 4. Other additions (Describe)..... | 4. | |
| 5. TOTAL SALES - add lines 1 - 4..... | 5. | |

SCHEDULE B

| | | |
|--|-----|--|
| 6. Food and food ingredients..... | 6. | |
| 7. For resale..... | 7. | |
| 8. Interstate..... | 8. | |
| 9. Exempt newspapers..... | 9. | |
| 10. Prescription drugs/prescription medicines..... | 10. | |
| 11. Clothing and footwear..... | 11. | |
| 12. Sales of motor vehicles..... | 12. | |
| 13. Other (explain)..... | 13. | |
| 14. Total Deductions - Add lines 6 - 13..... | 14. | |
| 15. Net taxable sales subtract line 14 from line 5 | 15. | |
| 16. AMOUNT OF TAX - Multiply line 15 by 7% (.07)..... | 16. | |

I hereby certify that I have personal knowledge of the information constituting this return; that all statements contained herein are true, correct, and complete to the best of my knowledge and belief and that this return is made under penalty of perjury.

| | |
|---|------|
| Name of Firm | |
| Signature of Owner, Partner or Authorized Officer | Date |
| Title of Authorized Officer or Agent Signing Return | |