



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 ONE CAPITOL HILL
 PROVIDENCE RI 02908

BUYER: Walsh, Gail M
 PHONE #: 401-574-8122

CREATION DATE : 05-JUN-19
 BID NUMBER: 7598834
 TITLE: RFQ - TAX COUPON BOOKLETS (DOR/TAXATION)
 BLANKET START : 01-SEP-19
 BLANKET END : 31-AUG-22
 BID CLOSING DATE AND TIME:08-JUL-2019 02:30:00

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 DOA CONTROLLER
 ONE CAPITOL HILL, 4TH FLOOR
 SMITH ST
 PROVIDENCE, RI 02908
 US

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 DOR DIVISION OF TAXATION
 ONE CAPITOL HILL, 1ST FLOOR
 SMITH STREET
 PROVIDENCE, RI 02908
 US

Requisition Number: 1612153

Line	Description	Quantity	Unit	Unit Price	Total
1	TAX COUPON BOOKLETS PER ATTACHED SPECIFICATIONS. BLANKET REQUIREMENTS: SEPTEMBER 1, 2019 - AUGUST 31, 2022 QUESTIONS CONCERNING THIS SOLICITATION MUST BE RECEIVED BY THE DIVISION OF PURCHASES AT: GAIL.WALSH@PURCHASING.RI.GOV NO LATER THAN MONDAY, JUNE 17, 2019 AT 5:00 PM (ET). QUESTIONS SHOULD BE SUBMITTED IN A MICROSOFT WORD ATTACHMENT. PLEASE REFERENCE THE RFQ# 7598834 ON ALL CORRESPONDENCE. QUESTIONS RECEIVED, IF ANY, WILL BE POSTED ON THE INTERNET AS AN ADDENDUM TO THIS SOLICITATION. IT IS THE RESPONSIBILITY OF ALL INTERESTED PARTIES TO DOWNLOAD THIS INFORMATION. WITHHOLDING 941 - QMRI QUARTER MONTHLY	2,000.00	Each		
2	WITHHOLDING 941 - QRI QUARTERLY	4,000.00	Each		
3	WITHHOLDING 941 - MRI MONTHLY	15,000.00	Each		
4	SALES T-204M MONTHLY	15,000.00	Each		
5	SALES T-204Q QUARTERLY	15,000.00	Each		
6	HOTEL HOM MONTHLY HOTEL	350.00	Each		
7	HTDM MONTHLY HARD-TO-DISPOSE	400.00	Each		
8	MBM MONTHLY MEALS & BEVERAGE	3,000.00	Each		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 ONE CAPITOL HILL
 PROVIDENCE RI 02908

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 DOR DIVISION OF TAXATION
 ONE CAPITOL HILL, 1ST FLOOR
 SMITH STREET
 PROVIDENCE, RI 02908
 US

Requisition Number: 1612153

Line	Description	Quantity	Unit	Unit Price	Total
9	MBQ QUARTERLY MEALS & BEVERAGE	1,000.00	Each		
10	INSERT 8 1/2 X 11 INSERT	18,000.00	Each		
11	INSERT COUPON BOOKLET INSERT	18,000.00	Each		
12	POSTAGE FOR NON-PRESORT ITEMS	1,500.00	Each		
13	PREPAID WIRELESS MONTHLY	100.00	Each		
14	PREPAID WIRELESS QUARTERLY	50.00	Each		
15	INSERTS - WITHOLDING	30,000.00	Each		
16	MISCELLANEOUS FEES	30,000.00	Each		

Delivery: _____

Terms of Payment: _____

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COUPON BOOKLETS

Multi-year (3) Contract – September 1, 2019 to August 31, 2022.

BLANKET REQUIREMENT

Booklets to be printed for the following tax types:

1. Withholding
 2. Sales
 3. Hotel
 4. Hard to Dispose
 5. Meals & Beverage
 6. Prepaid Wireless
-
1. Coupon booklets are to be 8.5" x 3.75" nominal. The nominal size of the remittance form is 7.5" x 3.75". The booklets should be bound in the left margin with each coupon perforated for ease of extraction.
 2. Quarter-monthly booklets have 48 or 52 filing periods; Monthly have 12; Quarterly have 4.
 3. Each booklet is to contain extra forms identical to the original form except the scan line is to be removed
 4. Each booklet is to contain an appropriate number of perforated adhesive preprinted address labels. Addresses may be different according to tax type.
 5. The cover of each booklet contains sections that are printed in blue.
 6. The forms in each booklet contain sections that are printed in color. The color depends on the booklet.
 7. Each form must include (unless otherwise noted) an OCR scan line. The scan line is to be vertically centered on a white ½" band from edge to edge and is to be printed using OCR-A Alpha font, 10 characters per inch. The variable data will be supplied by the Division of Taxation at the time of printing.
 8. Each form must include (unless otherwise noted) a QR code that will contain information similar to that included in the OCR scan line.
 9. There will be one major printing and up to three subsequent printings during the year. Design and color of forms will be finalized prior to acceptance of proofs prior to each tax year (January 1 to December 31 or July 1 to June 30 depending on tax type.) Samples included in Request for Quote do not represent all tax types nor final form design. Final artwork will be provided during the testing phase of the bid process.
 10. Booklets are mailed in standard #10 window envelopes preprinted with Taxation's return address.
 11. Vendor responsible for mailing booklets.

THERE WILL BE NO SUBCONTRACTING OF ANY TAX DATA THAT THE DIVISION SUBMITS TO THE VENDOR FOR PRINTING.

*****SPECIAL REQUEST*****

Bidders must indicate if they have the ability to add a Check Digit routine to aid in the machine reading of coupons.

Successful bidder will supply 5 sample copies of each booklet plus 25 unbound coupons of each type complete with scanlines for testing.

TAX COUPON BOOKLETS

<u>Line</u>	<u>Description</u>	<u>Quantity (3 yr period)</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total</u>
1	WITHHOLDING 941-QMRI QUARTER-MONTHLY	2,000	Each		
2	WITHHOLDING 941-QRI QUARTERLY	4,000	Each		
3	WITHHOLDING 941-MRI MONTHLY	15,000	Each		
4	SALES T-204M MONTHLY	15,000	Each		
5	SALES T-204Q QUARTERLY	15,000	Each		
6	HOTEL HOM MONTHLY	350	Each		
7	HARD-TO-DISPOSE HTDM MONTHLY	400	Each		
8	MEALS & BEVERAGE MBM MONTHLY	3,000	Each		
9	MEALS & BEVERAGE MBQ QUARTERLY	1,000	Each		
10	PREPAID WIRELESS PWM MONTHLY	100	Each		
11	PREPAID WIRELESS PWQ QUARTERLY	50	Each		
12	INSERT 8.5 X 11 INSERT	18,000	Each		
13	INSERT COUPON BOOKLET INSERT	18,000	Each		
14	INSERT WITHHOLDING	30,000	Each		
15	POSTAGE FOR NON-PRESORT ITEMS	1,500	Each		
16	MISCELLANEOUS FEES		Eaxh		

The table below lists the different pages included in each booklet type.

The printing/formatting/number of pages will be updated as needed and may change between booklet runs.

	Total Pages Including Covers	Front Cover with printing	Print Inside Front Cover	Filing Freq/Info Page	Printing on back	Instruction Page	Printing on back of inst.	Change of Name/ Address	Final Report	Adhesive Labels	Returns with OCR & QR	Printing on back of return	Non-OCR Returns	Printing on back of return	Print Inside Back Cover	Back Cover Blank
(Front/back of page)	x	F	B	F	B	F	B	F	B	F	F	B	F	B	F	B
Sales Tax – M	20	Y	Y	Y	N	Y	N	2	2	1	12	N	1	N	N	Y
Sales Tax – Q	12	Y	Y	Y	N	Y	N	2	2	1	4	N	1	N	N	Y
Meals & Bev – M	20	Y	N	Y	Y	Y	N	2	2	1	12	Y	1	Y	Y	Y
Meals & Bev – Q	12	Y	N	Y	Y	Y	N	2	2	1	4	Y	1	Y	Y	Y
Hard to Dispose	20	Y	N	Y	Y	Y	N	2	2	1	12	Y	1	Y	N	Y
Hotel Tax	20	Y	N	Y	Y	Y	N	2	2	1	12	N	1	N	N	Y
Prepaid Wireless – M	20	Y	Y	Y	Y	Y	N	2	2	1	12	N	1	N	N	Y
Prepaid Wireless – Q	12	Y	Y	Y	Y	Y	N	2	2	1	4	N	1	N	N	Y

	Total Pages Including Covers	Front Cover with printing	Print Inside Front Cover	Filing Freq/Info Page	Instruction Page	Change of Name/ Address	Final Report	Adhesive Labels	Returns with OCR & QR	Non-OCR Returns	W3 Inst	W3 Instructions (cont.)	W-3 with OCR & QR	Printing on back	Electronic Media	Printing on back	Print Inside Back Cover	Back Cover Blank
(Front/back of page)	x	F	B	F	B	F	B	F	F	F	F	B	F	B	F	B	F	B
Withholding – M	22	Y	Y	Y	Y	2	2	1	12	1	Y	Y	Y	Y	Y	N	Y	Y
Withholding – Q	14	Y	Y	Y	Y	2	2	1	4	1	Y	Y	Y	Y	Y	N	Y	Y
Withholding – QM/W	64/ 68	Y	Y	Y	Y	2	2	4	48/ 52	4	Y	Y	Y	Y	Y	N	Y	Y

Actual period end dates may change. Dates are provided to show the date formatting that is required in the period ending field on the form. Note: this format differs from what is shown on the coupon samples. Period end dates must be updated as required.

Monthly	Quarterly	Q M			
01312019	03312019	01072019	04072019	07072019	10072019
02282019	06302019	01152019	04152019	07152019	10152019
03312019	09302019	01222019	04222019	07222019	10222019
04302019	12312019	01312019	04302019	07312019	10312019
05312019		02072019	05072019	08072019	11072019
06302019		02152019	05152019	08152019	11152019
07312019		02222019	05222019	08222019	11222019
08312019		02282019	05312019	08312019	11302019
09302019		03072019	06072019	09072019	12072019
10312019		03152019	06152019	09152019	12152019
11302019		03222019	06222019	09222019	12222019
12312019		03312019	06302019	09302019	12312019

Highlighted periods would adjust as required for leap year.

OR

Monthly	Quarterly	Q M			
01312019	03312019	01052019	04062019	07062019	10052019
02282019	06302019	01122019	04132019	07132019	10122019
03312019	09302019	01192019	04202019	07202019	10192019
04302019	12312019	01262019	04272019	07272019	10262019
05312019		02022019	05042019	08032019	11022019
06302019		02092019	05112019	08102019	11092019
07312019		02162019	05182019	08172019	11162019
08312019		02232019	05252019	08242019	11232019
09302019		03022019	06012019	08312019	11302019
10312019		03092019	06082019	09072019	12072019
11302019		03162019	06152019	09142019	12142019
12312019		03232019	06222019	09212019	12212019
		03302019	06292019	09282019	12282019

Highlighted periods would adjust as required for leap year.

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

MONTHLY ONLY

System - 2 characters
WT = Withholding

Filing Frequency - 1 character
M = Monthly

Filing Period - 2 characters
Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year

STATE OF RHODE ISLAND
DIVISION OF TAXATION - ONE CAPITAL HILL STREET, PROVIDENCE, RI 02801-5909

WITHHOLDING TAX RETURN
MONTHLY

WTM01200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

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
TAXPAYER IDENTIFICATION # 05046030100	RETURN FOR MONTH ENDING JAN 31/00

941-MRI REV 11/99

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 Inches ± 2/10 Inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

System - 2 characters
 WT = Withholding

Filing Frequency - 1 character
 Q = Quarterly

Filing Period - 2 characters
 Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year

STATE OF RHODE ISLAND
 DIVISION OF REVENUE
 WITHHOLDING TAX RETURN
 QUARTERLY

WTQ01200005046030100

Name 1
 Name 2
 Address 1
 Address 2
 City, State Zip+4

WTQ

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

TAXPAYER IDENTIFICATION #
 05046030100

RETURN FOR QUARTER ENDING
 MAR 31/00

941-QRT REV 11/99

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
 Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
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 Scan line font is OCR-A, 10 characters per inch

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS
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State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

QUARTER/MONTHLY ONLY

System
WT = Withholding

Filing Frequency
W = Quarter/Monthly

Filing Period
Calendar year quarter/monthly period 01 to 48

Calendar year (2000)

Record ID

Filing quarter/monthly period & year

STATE OF RHODE ISLAND
DIVISION OF TAXATION • ONE CAPITAL HILL STREET • PROVIDENCE, RHODE ISLAND 02908-5809

WT017200005046030100

WITHHOLDING TAX RETURN
QUARTER/MONTHLY

WTQM

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

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

TAXPAYER IDENTIFICATION # 05046030100
RETURN FOR QUARTER/MONTHLY PERIOD ENDING APR 23-30/00

911-QMRT REV 11/99

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED
SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

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CAR (Courtesy Amount Read) LINE SPECIFICATIONS

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The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.
There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

FRONT


System - 2 characters
WT = Withholding

Filing Frequency - 1 character
M = Monthly

Filing Code - 2 characters
Code = 99

Calendar year (2000) - 4 characters

Record ID - 11 characters



STATE OF RHODE ISLAND
DIVISION OF TAXATION • ONE CAPITAL HILL, SUITE 7, PROVIDENCE, RHODE ISLAND 02908-5809

FORM RI-W3
2000

W3

1. ENTER PAYMENTS MADE ON EMPLOYER RETURNS OF PERSONAL INCOME TAX WITHHELD (FORMS 941M, 941Q)

JAN	FEB	MAR
APR	MAY	JUN
JUL	AUG	SEP
OCT	NOV	DEC

SIGNATURE _____

TITLE _____ DATE _____

TAXPAYER IDENTIFICATION #
05046030100

ENTER HERE THE TOTAL NUMBER OF RHODE ISLAND STATE WAGES & TAX STATEMENTS (FORM W2) SENT WITH THIS RECONCILIATION FORM:

IF YOU FILED QUARTER-MONTHLY RETURNS, ENTER PAYMENTS FOR EACH PERIOD ON BACK OF THIS FORM.

NOTE:
EXPLAIN ANY DIFFERENCE IN THE AMOUNTS IN ITEMS 2A AND 2B IN AN ATTACHED STATEMENT.

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 Inches ± 2/10 Inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

THE ABOVE FORM IS A WITHHOLDING TAX REMITTANCE FORM FOR AN EXAMPLE ONLY.

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island
WITHHOLDING TAX FORMS SPECIFICATIONS

W3 ONLY

BACK

MONTH	1st QTR OF MONTH	2nd QTR OF MONTH	3rd QTR OF MONTH	4th QTR OF MONTH	TOTAL
JANUARY					
FEBRUARY					
MARCH					
APRIL					
MAY					
JUNE					
JULY					
AUGUST					
SEPTEMBER					
OCTOBER					
NOVEMBER					
DECEMBER					
TOTAL FOR YEAR - ENTER HERE AND ON LINE 2A (FRONT)					
TO BE USED ONLY BY EMPLOYERS FILING QUARTER-MONTHLY RETURNS					

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

MONTHLY ONLY

System - 2 characters
ST = Sales Tax

Filing Frequency - 1 character
M = Monthly

Filing Period - 2 characters
Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year

STATE OF RHODE ISLAND
DIVISION OF TAXATION ONE CAPITAL HILL, STE 4, PROVIDENCE, RI 02903-5802

SALES & USE TAX RETURN
MONTHLY

STM02200005046030100

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

STM

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
FEDERAL IDENTIFICATION # 05046030100	RETURN FOR MONTH ENDING FEB 29/00

T-204M REV 11/99

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 Inches ± 2/10 Inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per Inch

THE ABOVE FORM IS A SALES TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the black OCR-B font, size 16 or 18.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is left out, the numbers must still be positioned as if the boxes were in place.

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The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

SALES TAX FORMS SPECIFICATIONS

QUARTERLY ONLY

FRONT

System - 2 characters
ST = Sales Tax

Filing Frequency - 1 character
Q = Quarterly

Filing Period - 2 characters
Calendar year quarter 01 to 04

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing quarter & year

STATE OF RHODE ISLAND
DIVISION OF TAXATION
100 CAPITAL HILL, STE 100, PROVIDENCE, RI 02902-1000

ST001200005046030100

SALES TAX RETURN
QUARTERLY

Name 1
Name 2
Address 1
Address 2
City, State Zip+4

STQ

PLEASE DO NOT WRITE IN THIS AREA

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

FEDERAL IDENTIFICATION NO. RETURN FOR QUARTER ENDING
05046030100 MAR 31/00

T-201Q REV 11/99

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 inches ± 2/10 inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per inch

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THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

State of Rhode Island

EXCISE TAX FORMS SPECIFICATIONS

HOTEL TAX FORM ONLY

System - 2 characters
HO = Hotel

Filing Frequency - 1 character
M = Monthly

Filing Period - 2 characters
Calendar year month 01 to 12

Calendar year (2000) - 4 characters

Record ID - 11 characters

Filing month & year

STATE OF RHODE ISLAND
DIVISION OF TAXATION • ONE CAPITAL HILL, SUITE 510, PROVIDENCE, RI 02908-5306

HOM01200005046030100

HOTEL TAX RETURN

Jonathan McDonnell
351 South Main St.
Providence, RI 02908-5326

HOM

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
FEDERAL IDENTIFICATION NO. 05046030100	RETURN FOR MONTH ENDING JAN 31/00

FORM HOM REV 11/99

PLEASE DO NOT WRITE IN THIS AREA

Form Size - 3 2/3 ± 1/16" high by 8 ± 1/8" long LASER PRINTED

SCAN LINE SPECIFICATIONS

Clear band for scan line must be 3/8" wide with scan line CENTERED
Scan line must be 2 7/8 ± 1/8" from BOTTOM of form
Scan line ends 4 1/2 Inches ± 2/10 Inches from RIGHT EDGE
Scan line font is OCR-A, 10 characters per Inch

THE ABOVE FORM IS A HOTEL TAX REMITTANCE FORM FOR AN EXAMPLE ONLY

THE ABOVE SPECIFICATIONS ARE COMMON FOR ALL SCANNABLE TAX FORMS

CAR (Courtesy Amount Read) LINE SPECIFICATIONS

The dollar sign must be in the OCR-B font, size 16 or 18. The bottom dollar sign must be black, the others must be white. The decimal points must also be white.

The "dark grey" area on this example is to be printed in drop-out ink. If this option is unavailable, the "dark grey" area must be omitted. If the "dark grey" area is omitted, all of the "white" print (such as "PLEASE DO NOT...", the white dollar signs, and decimal points) must also be omitted. If the "dark grey" area is left out, the numbers that are entered must still be positioned as if the boxes were in place.

There must be at least 1/4" clearance from the right edge of the last box to the edge of the form.

The total width of the CAR Line, from the left edge of the dollar sign to the right edge of the last box, must not exceed 2 1/4".

STATE OF RHODE ISLAND

DIVISION OF TAXATION • PO BOX 9706 - DEPT #300 - PROVIDENCE, RI 02940-9706



SALES & USE TAX RETURN
MONTHLY

STM01201811111111100

DONNA DUBE - ENTITY
DONNA DUBE - ACCOUNT

STM

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 #	RETURN FOR MONTH ENDING
11111111100	JAN 2018

T-300M REV 04/2017

NET SALES AND USE TAX DUE AND PAID \$

STATE OF RHODE ISLAND

DIVISION OF TAXATION • PO BOX 9706 - DEPT #300 - PROVIDENCE, RI 02940-9706



SALES & USE TAX RETURN
QUARTERLY

STQ04201711111111100

DONNA DUBE - ENTITY
DONNA DUBE - ACCOUNT

STQ

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 #	RETURN FOR QUARTER ENDING
11111111100	DEC 2017

T-300Q REV 04/2017

NET SALES AND USE TAX DUE AND PAID \$



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL, PROVIDENCE, RI 02908-5802



HOTEL TAX RETURN

HOM07201711111111100

DONNA DUBE - ENTITY
DONNA DIUF - ACCOUNT

HOM

1. TOTAL OCCUPANCY
CONSIDERATION

2. LESS: EXEMPT ENTITIES

3. TAXABLE AMOUNT

HOTEL TAX RATE: 5% STATE TAX
1% LOCAL TAX

4. TOTAL TAX DUE AND PAID
(LINE 3 MULTIPLIED BY 6%) \$

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 #

11111111100

RETURN FOR MONTH ENDING

JUL 2017

FORM 1001 (REV. 04/2017)



STATE OF RHODE ISLAND

DIVISION OF TAXATION • ONE CAPITOL HILL, PROVIDENCE RI 02909-5802



HARD TO DISPOSE MATERIAL
WHOLESALE TAX RETURN

HDM10201711111111100

DONNA DUBE - ENTITY
DONNA DIIRF - ACCOUNT

HTDM-W

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 NO. 11111111100		RETURN FOR MONTH ENDING OCT 2017

FORM HTDM-W (REV. 04/17)

A. TOTAL AMOUNT DUE

Taxpayer Name: _____ ID# _____

SCHEDULE A - TAX COMPUTATION

		QUANTITY	TAX RATE
1. A.	Lubricating Oils	# QUARTS _____	X .05
B.	Lubricating Oils	# LITERS _____	X .053
2. A.	Antifreeze	# GALLONS _____	X .10
B.	Antifreeze	# LITERS _____	X .0264
3. A.	Organic Solvents	# GALLONS _____	X .0025
B.	Organic Solvents	# LITERS _____	X .00066
4.	Tires	# _____	X .50

5. TOTAL TAX DUE (LINES 1 THRU 4)



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL, PROVIDENCE, RI 02908-5802

MEALS & BEVERAGE TAX RETURN

MONTHLY

MTM092018111111111100

DONNA DUBE
DONNA DUBE MEALS ENTITY **MTM**

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 NO. **11111111100** RETURN FOR MONTH ENDING **SEP 2018**

TOTAL MEALS AND BEVERAGE TAXES DUE AND PAID (from reverse) \$

IBM (REV 04/17)



STATE OF RHODE ISLAND

DIVISION OF TAXATION * ONE CAPITOL HILL, PROVIDENCE, RI 02908-5802

MEALS & BEVERAGE TAX RETURN

QUARTERLY

MTQ012019111111111100

DONNA DUBE
DONNA DUBE BEVERAGE ENTITY **MTQ**

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 NO. **11111111100** RETURN FOR QUARTER ENDING **MAR 2019**

TOTAL MEALS AND BEVERAGE TAXES DUE AND PAID (from reverse) \$

MBQ (REV 04/17)

TAXPAYER NAME

FID#

Schedule A

Barrington	01		Hopkinton	14		Portsmouth	27	
Bristol	02		Jamestown	15		Providence	28	
Burrillville	03		Johnston	16		Richmond	29	
Central Falls	04		Lincoln	17		Scituate	30	
Charlestown	05		Little Compton	18		Smithfield	31	
Coventry	06		Middletown	19		South Kingstown	32	
Cranston	07		Narragansett	20		Tiverton	33	
Cumberland	08		Newport	21		Warren	34	
East Greenwich	09		New Shoreham	22		Warwick	35	
East Providence	10		North Kingstown	23		Westerly	36	
Exeter	11		North Providence	24		West Greenwich	37	
Foster	12		North Smithfield	25		West Warwick	38	
Glocester	13		Pawtucket	26		Woonsocket	39	



STATE OF RHODE ISLAND

DIVISION OF TAXATION * PO BOX 9707 - DEPT# 305 - PROVIDENCE, RI 02940-9707



PREPAID WIRELESS TELECOMMUNICATIONS MONTHLY

PWM022018111111111100

DONNA DUBE - ENTITY
DONNA DUBE - ACCOUNT

PWTM

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 NO. RETURN FOR MONTH ENDING

11111111100 FEB 2018

FORM PWTM REV 03/2017

- 1. TOTAL AMOUNT OF PREPAID WIRELESS TELECOMMUNICATIONS RETAIL SALES TRANSACTIONS SUBJECT TO THE 2.5% CHARGE
- 2. 2.5% CHARGE - MULTIPLY LINE 1 BY 2.5% (0.025)
- 3. 1% ADMINISTRATIVE DEDUCTION - MULTIPLY LINE 2 BY 1% (0.01)
- 4. TAX AMOUNT DUE AND PAID (LINE 2 MINUS LINE 3) \$



STATE OF RHODE ISLAND

DIVISION OF TAXATION * PO BOX 9707 - DEPT# 305 - PROVIDENCE, RI 02940-9707



PREPAID WIRELESS TELECOMMUNICATIONS QUARTERLY

PWQ012018111111111100

DONNA DUBE - ENTITY
DONNA DUBE - ACCOUNT

PWTQ

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 NO. RETURN FOR QUARTER ENDING

11111111100 MAR 2018

FORM PWTQ REV 04/2017

- 1. TOTAL AMOUNT OF PREPAID WIRELESS TELECOMMUNICATIONS RETAIL SALES TRANSACTIONS SUBJECT TO THE 2.5% CHARGE
- 2. 2.5% CHARGE - MULTIPLY LINE 1 BY 2.5% (0.025)
- 3. 1% ADMINISTRATIVE DEDUCTION - MULTIPLY LINE 2 BY 1% (0.01)
- 4. TAX AMOUNT DUE AND PAID (LINE 2 MINUS LINE 3) \$

Contract Terms and Conditions

Table of Contents

Terms and Conditions.....II
 BID STANDARD TERMS AND CONDITIONSII
 TERMS AND CONDITIONS FOR THIS BIDII
 MULTI YEAR AWARDII
 PURCHASE AGREEMENT BIDII
 CLOTHING SAMPLESII
 BID ALL ITEMSII

Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

MULTI YEAR AWARD

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

PURCHASE AGREEMENT BID

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordered during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. **ORDERING** (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

Mailing Address for Bid Proposals issued by the State of Rhode Island, Division of Purchases:

All Bid Proposals must be submitted to the following address:

State of Rhode Island
Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908

CLOTHING SAMPLES

IF SAMPLES ARE REQUESTED, THEY MUST BE PROVIDED WITHIN TEN (10) WORKING DAYS OF REQUEST DATE. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION OF BID.

BID ALL ITEMS

BIDDERS MUST BID ALL ITEMS TO BE CONSIDERED. AWARD WILL BE BASED ON TOTAL LOW.