

TX-17 (Rev. 1/25)

1511 Pontiac Avenue, Cranston, RI 02920
Telephone: (401) 574-8700 / Web: <https://uitax.ri.gov>

IMPORTANT: This Report should include information only for the quarter indicated. Corrections or adjustments for other quarters must be submitted separately with a letter of explanation. All Rhode Island employers, including those not required to complete the tax section of this report, must complete the employee wage report section of this report. Return the completed form to the above address. Please complete all items. Enter "0" where appropriate. Make check payable to RIET.

Employer Name: _____

Address:

I CERTIFY THAT THE INFORMATION CONTAINED IS TRUE AND
ACCURATE AS REFLECTED BY THE PAYROLL RECORDS OF THIS FIRM.

Signed

Title

RI Employer Account Number: _____

This Report is for Year and Quarter / 1 2 3 4 and is due on or before

1. Enter the number of employees for the payroll period including the 12th of the Month.				_____ Month 1	_____ Month 2	_____ Month 3
2. Enter TOTAL WAGES PAID during the Quarter	\$	Tax Computation				
3. ES Taxable Wages per Employee (First \$)	\$	X	4. _____	%	=	5. _____
6. JDF Taxable Wages per Employee (First \$)	\$		7. _____	X	=	8. _____
9. TDI Taxable Wages per Employee (First \$)	\$		10. _____	X	=	11. _____
12. TOTAL ES, JDF + TDI TAX DUE					\$	

13. Has a change in Ownership, Location or Industrial Nature occurred during the Quarter?

14. Enter last day wages were paid during the Quarter Check Box if Payment is made by EFT

Employee Quarterly Wage Information: If more space is needed, attach pages with similar format

15. Social Security Number	16. Last Name and 1st Initial of First Name	17. Total Wages for the Quarter	18. Weeks Paid	19. Hours Paid
20. Total Wages all pages		\$		

Equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. TTY Relay via 711