TX-68B

STATE OF RHODE ISLAND
DIVISION OF TAXATION EMPLOYER TAX SECTION
ONE CAPITOL HILL STE 36, PROVIDENCE, RI 02908 - 5829
Phone: (401) 574-8700 (Option 1)

NOTICE OF ELECTION OF REIMBURSEMENT/CONTRIBUTION METHOD

The organization named hereon:
Name of Organization
Address

Please check one of the following and return with our Business Application and Registration form, Determination of Liability.

☐ Elects to reimburse the Rhode Island Employment Security Fund for Employment Security benefits legally paid to individuals attributable to service in the employ of this organization according to Sections 28-43-29,30,31 of the Rhode Island Employment Security Act.

☐ Elects to pay contributions under the provisions of Chapters 42 to 44, inclusive, of the Rhode Island Employment Security Act.

Signed_____Title_____Date_____