

Paid \$ \_\_\_\_\_

County \_\_\_\_\_

State \_\_\_\_\_

FEIN# \_\_\_\_\_

**STATE OF SOUTH DAKOTA  
Financial Institution Franchise Tax  
QUARTERLY ESTIMATE PAYMENT FORM**

Quarter for which this estimate is being paid (circle one):

First                  Second                  Third                  Fourth

**NOTE:** Quarterly estimates are due on the 15th day of January, April, July and October for each preceding quarter of the tax year. This form must be returned with your payment.

\_\_\_\_\_  
Name of Institution

\_\_\_\_\_  
Address

\_\_\_\_\_  
City                          State                          Zip

Quarterly estimate paid                          \$ \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_ Telephone Number \_\_\_\_\_

**MAIL TO: South Dakota Department of Revenue, Box 5055, Sioux Falls, South Dakota 57117**