

2013 Form RI-1040

Resident Individual Income Tax Return

Name	Your social security number

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19 RI income tax from page 1, line 8	19		
20 Credit for child and dependent care expenses from Federal Form 1040, line 48 or Form 1040A, line 29.....	20		
21 Tentative allowable federal credit. Multiply line 20 by 25% (0.2500).....	21		
22 MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1, line 9a	22		

RI SCHEDULE II - CREDIT FOR INCOME TAX PAID TO ANOTHER STATE

NOTE: You must attach a signed copy of the state tax return(s) for which you are claiming credit.

23 RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 2, line 22	23		
24 Income derived from other state. If more than one state, see instructions.....	24		
25 Modified federal AGI from page 1, line 3	25		
26 Divide line 24 by line 25.....	26		
27 Tentative credit. Multiply line 23 by line 26.....	27		
28 Tax due and paid to other state (see specific instructions). Insert name of state paid	28		
29 MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on page 1, line 9b	29		

RI CHECKOFF CONTRIBUTIONS SCHEDULE

			\$1.00	\$5.00	\$10.00	Other				
30	Drug program account RIGL §44-30-2.4	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30			
31	Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if filing a joint return)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		31			
32	RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		32			
33	RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		33			
34	RI Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		34			
35	Childhood Disease Victim's Fund RIGL §44-30-2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		35			
36	RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		36			
37	TOTAL CONTRIBUTIONS. Add lines 30, 31, 32, 33, 34, 35 and 36. Enter here and on RI-1040, page 1, line 11.....							37		

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

38 Rhode Island income tax from RI-1040, page 1, line 10a.....	38		
39 Federal earned income credit from Federal Form 1040, line 64a; 1040A, line 38a, or 1040EZ, line 8a	39		
40 Rhode Island percentage.....	40	25%	
41 Multiply line 39 by line 40	41		
42 Enter the SMALLER of line 38 or line 41	42		
43 Subtract line 42 from line 41. If zero or less, enter the amount from line 42 on line 46. Otherwise, go to line 44	43		
44 Refundable percentage.....	44	15%	
45 Rhode Island refundable earned income credit. Multiply line 43 by line 44.	45		
46 TOTAL RI EARNED INCOME CREDIT. Add line 42 and line 45. Enter here and on RI-1040, line 14d	46		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, it is true, accurate and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Spouse's signature	Date	Telephone number
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code PTIN

May the Division of Taxation contact your preparer? YES

Revised 10/2013