

New/Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count	Edit and Instructions
				byte count	4 N	2754
				start of record	4 A	****
				Header Section		
	0000			Form ID	6	Value = "STbbbb"
	0001			Form Number	6	Value = "0001bb"
	0002			Page number	5	Value = "PG01b"
	0003			TIN	9	Primary SSN
	0004			filler	1	
	0005			Form/Schedule number	7	value = "0000001"
	0010			State Code	2 A	Value = "RI"
	0011			City Code	2	No Entry
	0015			Imperfect Return Indicator	1 A	Value = "E" or blank
	0016			ITIN/SSN mismatch indicator	1 A	Value - "M" or blank
	0019			State-Only-Indicator	2 A	Value = "SO"
	0020			Dec Ctrl Num	14 N	Assigned by filer: Must be the same as reported on the IRS return.
	a			first two positions	2	value = "00"
	b			EFIN	6	
	c			batch number	3	000-999
	d			serial number	2	00-99
	e			year digit	1	value = "0"
	0023			Return Sequence Number	16 N	required
	a			ETIN	5	
	b			Trans use Field	2	
	c			Julian Date of tr	3	
	d			Trans Seq Field	2	01-99
	e			Seq Number of Ret	4	0001-9999
	0024			Direct Deposit Indicator	1 AN	1=Direct Deposit, 2=Direct Debit
	0025			Reserved RTN Flag	1 N	
	0027			Direct Debit Date	8 N	YYYYMMDD
	0028			Direct Debit Amt	12 N	
	0030			Routing Transit No	9 N	
	0032			State RTN Indicator	1 N	
	0035			State Deposit Acct	17 N	
	0040			State Checking Acct	1 AN	Value = "X" or blank
	0048			State Savings Acct	1 AN	Value = "X" or blank
	0049			On-Line indicator	1 A	Value "O" = On-Line
	0050			State Numeric Area	27 AN	
	a			Preparer SSN or PTIN	9	IRS seq 1360
	b			Preparer EIN	9	IRS seq 1380
	c			Preparer ZIP	5	IRS seq 1410-5
	d			Preparer ZIP + 4	4	IRS seq 1410-4
	0052			State Alphanumeric Area	93 AN	
	a			State Acknowledgement System ID	5	ETIN
	b			Preparer Firm Name	35	
	c			Preparer Address	30	
	d			Preparer City	20	
	e			Preparer State	2	

New/ Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count		Edit and Instructions
	f			Preparer Self-Empl Indicator	1		Value - "X" or blank
	0055			Spouse SSN	9	N	Required if married filing jointly. Must be blank for all other filing status entries
	0060			Name Line 1	35	AN	
	a			Primary last name	32		
	b			Primary suffix	3		
	0062			Date of Death - Primary	8	N	YYYYMMDD
	0065			Name Line 2	35	AN	Used for secondary last name (32) ; Secondary suffix (3)
	a			Secondary last name	32		
	b			Secondary suffix	3		
	0068			Date of Death - Spouse	8	N	YYYYMMDD
	0070			Name Line 3	35	AN	
	a			Primary first name	16		
	b			Primary middle initial	1		
	c			Secondary first name	16		
	d			Secondary middle initial	1		
	e			IAT indicator	1		value = "X" if IAT
	0074			In C/O Address	35	AN	
	0075			Address Line 1	35	AN	Required: ADDRESS STANDARD Post office standards required. Same as federal return
	0077			Foreign Street Address	35	AN	
	0080			Address Line 2	35	AN	
	0085			City	22	A	Required, use post office standards. Same as on the federal return
	0087			Foreign City State or Province	35	AN	
	0090			City Code	5		No Entry
	0095			State Abbreviation	2	A	Use Postal Abbreviations
	0098			Foreign Country	22	A	
	0100			Zip Code	12	N	1st 5 digits must be a valid zip code for the state. Last 4 positions must be zero if not used
	0105			County	20	A	No Entry
	0110			County Code	5		No Entry
	0115			Telephone Number	12	AN	###-###-####
	0120			Primary TP Signature	5	N	PIN use only
	0125			Spouse Signature	5	N	PIN use only
	0126			ERO EFIN/PIN	11	N	
	0150			Federal Filing Status	1	N	Required from Federal
	0155			Total Federal Exeptions	2	N	Required from Federal
	0160			Wages, Salaries & Tips	12	N	No Entry
	0165			Taxable Interest	12	N	No Entry
	0170			Tax Exempt Interest	12	N	No Entry
	0175			Dividends	12	N	No Entry
	0180			State Refund	12	N	No Entry
	0185			Taxable Social Security Benefits	12	N	No Entry
	0190			Keough Plan & SEP Benefit	12	N	No Entry
	0195			Adjusted gross Income	12	N	Required from Federal
	0200			Standard/Itemized Deductions	12	N	Required from Federal
	0205			Earned Income Credit	12	N	Required from Federal
	0300			Alphanumeric Field 1	80	AN	

New/Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count	Edit and Instructions
	a			Software Developer Code	10	A code selected by the developer and placed in every record created using the Developer's software. For example XYZ Software Inc. might use "XYZ INC.". The code selected must be used for the entire year. The code will be verified during the editing process. The purpose of the code is to assist in detecting errors or problem returns
	b			Paid Preparer Name	31	IRS seq 1340
	c			Preparer Phone Number	10	
	d			Non-Paid Preparer	13	IRS seq 1330
	e			Preparer State EIN	16	No Entry
	0305			Alphanumeric Field 2	80	AN
	a			Electoral Contribution	1	Value = "Y" or "N"
	b			Party Designation	10	
	c			Olympic Contribution	1	Value = "Y" or "N"
	d			City/Town of Legal Residence	22	must equal one of 39 listed in appendix
	e			mail forms next yr?	1	"x" = no
	f		line 40 pg 2	name of state paid	2	if fields #325 & #330 are used value should = "MU" to reflect multiple other state credits
	g		line 8 pg 1	tax from table, or schedule D	1	Value "T"=Table tax table, "D" =RI Schedule d, "C" =RI-8615 "G"=RI capital Gain worksheet
	h		signature area p2	contact preparer?	1	value = "Y" or "N"
	i			Flat Tax Checkbox	1	x= yes, blank = no
	j			Party Designation checkbox	1	x or blank
	k			IP Address	39	Online filer (same as IRS Sum Record 0190)
	0310			Alphanumeric Field 3	80	AN
	a	H	1040H LINE 9A	primary date of birth	8	mmddyyyy (required if credit claimed)
	b	H	1040H LINE 9B	spouse date of birth	8	mmddyyyy(required if MFJ)
	c	H	1040H LINE 9C	disabled	1	value = "Y" or "N" (required if credit claimed)
	d	H	1040H LINE 9D	persons in household	2	01-99 (required if credit claimed)
	e	H	1040H part 5	landlord name	35	
	f	H	1040H line 9E	Number of persons listed in 9d under age 18	2	Required if credit is claimed
	g			filler	24	
	0315			Alphanumeric Field 4	80	AN
	a	H	1040H part 5	landlord address	35	
	b	H	1040H part 5	landlord city	22	
	c	H	1040H part 5	landlord state	2	
	d	H	1040H part 5	landlord telephone number	12	###-###-####
	e			filler	9	
	0320			Alphanumeric Field 5	80	AN
	a	NONRES	line 13 pg 1	Allocated Income Tax - Check Box	1	Value "A"all income from RI,"N"=nonresident,"P"= part year resident
	b	NONRES	line 13 page 5	allocation	6	percentage-- 4 positions after decimal, leading zero
	c	NONRES	line 14 page 7	allocated	6	percentage-- 4 positions after decimal, leading zero
	d		line 4 pg 1	deduction schedule indicator	1	65 or older, blind or spouse is 65 or older or blind
	e		Line A pg 7	number of boxes checked	1	
	f			IP e-mail address	50	Online filer (same as IRS Sum Record 0195)
	g			IP Date	8	YYYYMMDD (same as IRS Sum Record 0200)
	h			IP Time	6	HHMMSS (same as IRS Sum Record 210)
	i			filler	1	
	0325			Alphanumeric Field 6	80	AN

New/Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count	Edit and Instructions
	a		Schedule MU line2	AGI from other State	12	
	b		Schedule MU line6	Tax due and paid other state	12	
	c		Schedule MU line 6	other state name	2	
	d		Schedule MU line9	AGI from other State	12	
	e		Schedule MU line13	Tax due and paid other state	12	
	f		Schedule MU line13	other state name	2	
	g		Schedule MU line2	AGI from other State	12	
	h		Schedule MU line2	Tax due and paid other state	12	
	i		Schedule MU line2	other state name	2	
	j			FILLER	2	
	0330			Alphanumeric Field 7	80	AN
	a		Schedule MU line2	AGI from other State	12	
	b		Schedule MU line2	Tax due and paid other state	12	
	c		Schedule MU line2	other state name	2	
	d			filler	54	
	350	NONRES	line 13 page 1	Allocated Income Tax - amt	12	N
	355	NONRES	line 12 page 5 col A	modified RI agi	12	N
	360	NONRES	line 13 page 7	allocated RI income for part year resident	12	N
	365	NONRES	line 18 page 8	income taxed in other jurisdiction	12	N
	370	NONRES	RI-1040NR line 18c page 1	non resident withholding real estate	12	N
	375	NONRES	RI 1040NR line 18D	withholding from pass through entities	12	N
	380		line 2 CGW	capital gains	12	N
	385	Sch I	line 23 i	Unemployment Comp not included in FAGI	12	N
	390	Sch I	line 23 J	Sales tax paid on qualified mtr vehicle	12	N
	395	Sch I	Linc 23 K	Income from the Discharge of debt under ARRA	12	N
	400	Sch I	line 24 R	Insurance Benefits for dependents and domestic ptrnr	12	N
	405	Sch I	line 24 S	Discharge of debt claimed as income under ARRA	12	N
	410		line 4 page 1	RI deduction amount	12	N
	415	Ded Sch	line 1 sect b page 4	earned income plus \$300	12	N
	420	Ded Sch	line 5b sect bpage 4	over 65 and/or blind calculation	12	N
	425	Ded Sch	line 1 sect c pg 4	from federal schedule A	12	N
	430	Ded Sch	line 2 sect c pg 4	from federal schedule A	12	N
	435		line 6 pg 1	RI Exemption amount	12	N
	440		line 8A pg 1	Rhode Island Tax	12	N
	445		line 9 pg 1	RI Alt-Min tax	12	N
	450		line 11A pg 1	percentage of allowable federal cr	12	N
	455		line 11C pg 1	Credit for taxes paid to another state	12	N
	460		line 17 pg 1	Use Tax	12	N
	465		line 16 pg 1	Check off contributions	12	N
	470		line 18A pg 1	RI income tax withheld	12	N
	475		Line 18B pg 1	Estimated payments	12	N
	480		line 18 c pg 1	property tax relief credit	12	N
	485		line 18F pg 1	Other payments	12	N
	490		line 19 pg 1	Balance Due	12	N
	495		line 19 pg 1	2210 amount	12	N
	500		line 21 pg 1	refund	12	N
	505		line 22 pg 1	carry forward	12	N

New/ Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count		Edit and Instructions
	510		Sch I line 23i	Total modifications increasing FAGI	12	N	
	515		Sch I line 24r	Total modifications decreasing FAGI	12	N	should be a negative number (0000000-)
	520			REMOVED - NO ENTRY	12	N	
	525		line 27 pg 2	Credit for child and dependent care	12	N	
	530		line 28 pg 2	Credit for the elderly	12	N	
	535		line 29 page 2	Federal Mortgage Interest (federal form 8396)	12	N	
	540		line 30 pg 2	Federal Adoption Credit	12	N	
	545		line 31 pg 2	Other Federal Credits	12	N	
	550		line 36 pg 2	Adjust gross income from other state	12	N	
	555		line 40 pg 2	tax due and paid to other state	12	N	
	560		sch iv, pg 3 line 1	Drug Program Account	12	N	
	565		sch iv, pg 3 line 3	RI organ transpant fund	12	N	
	570		sch iv, pg 3 line 4	RI Council on the Arts	12	N	
	575		sch iv, pg 3 line 5	RI nongame wildlife	12	N	
	580		sch iv, pg 3 line 6	childhood disease victims fund	12	N	
	585		sch iv, pg 3 line 7	RI Military Relief Fund	12	N	
	590		line 9 pg 3	federal form 4972 line 30	12	N	
	595		line 10 pg 3	federal form 8814 line 9	12	N	
	600		line 11 pg 3	recapture of federal credits	12	N	
	605		line 15 pg 3	federal form 8615 line 18	12	N	
	610		line049 pg 2	RI refundable earned income credit	12	N	
	615	H	1040H LINE 4	Social Security (including Medicare premiums) and Rail Retirement benefits not included in AGI	12	N	
	620	H	1040H LINE 5	Workers Compensation and tax exempt pensions	12	N	
	625	H	1040H LINE 2	Non Taxable interest and Dividends	12	N	
	630	H	1040H LINE 3	Capital Gains not included in AGI	12	N	
	635	H	1040H LINE 6	Cash Public Assistance	12	N	
	640	H	1040H LINE 7	Other non-taxable income	12	N	
	645	H	1040H LINE 8	total 2008 household income	12	N	
	650	H	1040H LINE 10	Property Taxes paid	12	N	
	655	H	1040H LINE 16	rent paid	12	N	
	660	H	1040H TOTAL LINES 15 + 22	tentative credit	12	N	
	665	RI-6251	RI-6251 Line 1	federal Alt-Min form 6251 line 28	12	N	
	670	RI-6251	RI-6251 Line 2	Alt-Min Exemption	12	N	
	675	RI-6251	RI-6251 Line 6	RI Alt-Min tax	12	N	
	680	RI-6251	RI 6251 line 8		12	N	
	685	RI-6251	RI 6251 line 9		12	N	
	690	RI-6251	RI 6251 line 10		12	N	
	695	RI-6251	RI 6251 line 12		12	N	
	700	RI-6251	RI 6251 line 47	smaller of line 45 or 46	12	N	
	705		Sched FT line 20	RI Flat Tax before credits	12	N	
	710		Sched FT line 26(res) or line 29 (non-res)	RI Flat Tax after credits	12	N	
	715		Line 15 pg 1	RI Tax	12	N	
	720		Sch FT	Credit for Tax paid to other state - FLAT TAX	12	N	line 25 on resident return / line 28 on non-resident return
	725	RI Sch D	RI Sch D line 7	Short Term Capitol Gain (loss)	12	N	if loss, should be formatted 9999-
	730	RI Sch D	RI Sch D line 15	Combine lines 8-14 column f	12	N	
	735	RI Sch D	RI Sch D line 16	Net long term gain (loss)	12	N	if loss, should be formatted 9999-

New/ Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count		Edit and Instructions
	740	RI Sch D	RI Sch D line 17	Combine lines 7 & 16	12	N	
	745	RI Sch D	RI Sch D line 18	amount of 28% gain	12	N	
	750	RI Sch D	RI Sch D line 19	amount of 28% gain held over 5 years	12	N	
	755	RI Sch D	RI Sch D line 20	un-recaptured IRS §1250 gain	12	N	
	760	RI Sch D	RI Sch D line 21	un-recaptured IRS §1250 gain from line 20 held over 5 yrs	12	N	
	765	RI Sch D	RI Sch D line 22	Amt from Federal 4952 line 4g	12	N	
	770	RI-6251	RI 6251 line 17		12	N	
	775	RI-6251	RI 6251 line 18		12	N	
	780	Sch I	Sch I line 23a	Income from obligations of any state or subdivision	12	N	
	785	Sch I	Sch I line 23b	Fiduciary Adjust under 44-30-17	12	N	
	790	Sch I	Sch I line 23c	recapture of Family Education Acct modification	12	N	
	795	Sch I	Sch I line 23d	bonus depreciation add back	12	N	
	800	Sch I	Sch I line 23e	Section 179 depreciation add back	12	N	
	805	Sch I	Sch I line 23f	Section 529 add back	12	N	
	810	Sch I	Sch I line 23g	Recapture of Historic Tax Cr or Motion Picture Production	12	N	
	815	Sch I	Sch I line 23h	Recapture of Scituate Medical Sav Acct modifications	12	N	
	820	Sch I	Sch I line 24a	Income from Obligations of the US government	12	N	must be formatted as negative number 000000000000-
	825	Sch I	Sch I line 24b	Fiduciary Adjust under 44-30-17	12	N	must be formatted as negative number 000000000000-
	830	Sch I	Sch I line 24c	elective deduction for new R&D facilities	12	N	must be formatted as negative number 000000000000-
	835	Sch I	Sch I line 24d	Railroad Retirement benefits	12	N	must be formatted as negative number 000000000000-
	840	Sch I	Sch I line 24e	Qualifying investment in certified venture capital partnership	12	N	must be formatted as negative number 000000000000-
	845	Sch I	Sch I line 24f	Family education Accounts	12	N	must be formatted as negative number 000000000000-
	850	Sch I	Sch I line 24g	Tuition Saving Prgram	12	N	must be formatted as negative number 000000000000-
	855	Sch I	Sch I line 24h	profit or gain for writers	12	N	must be formatted as negative number 000000000000-
	860	Sch I	Sch I line 24i	bonus depreciation	12	N	must be formatted as negative number 000000000000-
	865	Sch I	Sch I line 24j	Section 179 depreciation	12	N	must be formatted as negative number 000000000000-
	870	Sch I	Sch I line 24k	Jobs Growth Act	12	N	must be formatted as negative number 000000000000-
	875	Sch I	Sch I line 24l	Capital investments in small business	12	N	must be formatted as negative number 000000000000-
	880	Sch I	Sch I line 24m	tax incentives for employers	12	N	must be formatted as negative number 000000000000-
	885	Sch I	Sch I line 24n	Tax Exempt Interest	12	N	must be formatted as negative number 000000000000-
	890	Sch I	Sch I line 24o	Historic Tax Cr or Motion Picture Production Cr income that is tax exempt for RI	12	N	must be formatted as negative number 000000000000-
	895	Sch I	Sch I line 24p	Active duty military pay for non-residents stationed in RI	12	N	must be formatted as negative number 000000000000-
	900	Sch I	Sch I line 24q	Scituate Medical Savings Acc't contributions	12	N	must be formatted as negative number 000000000000-
	END of FORMATTED RECORD				#		
	UNFORMATTED RECORD						
				byte count	4	N	"nnnn" variable
				start of record	4	A	****
				Header Section			
	0000			Form ID	6		Value = "STbbb"
	0001			Form Number	6		Value = "0002bb"
	0002			Page number	5		Value = "PG01b"
	0003			TIN	9		Primary SSN
	0004			filler	1		
	0005			Form/Schedule number	7		value = "0000001" to "0000025"
	0010			State Code	2	A	Value = "RI"

New/Updated Field	Field ID	Form	Line Ref	Field Name	Byte Count		Edit and Instructions
	0011			City Code	2		No Entry
	0020			Dec Ctrl Num	14	N	Assigned by filer: Must be the same as reported on the IRS return.
	a			first two positions	2		value = "00"
	b			EFIN	6		
	c			batch number	3		000-999
	d			serial number	2		00-99
	e			year digit	1		value = "8"
	0050			<i>USE IRS LAYOUT FOR FORM W-2</i>			
	END of UN-FORMATTED RECORD					#	