

Name and Address section with fields for First Name, Initial, Last Name, Spouse's First Name, Initial, Last Name, Present Home Address, City, Town or Post Office, State, Zip Code, Your Social Security Number, Spouse's Social Security Number, Daytime Telephone Number, City or Town of Legal Residence.

ELECTORAL CONTRIBUTION section with checkboxes for Yes/No and instructions regarding tax fund contributions.

FILING STATUS section with checkboxes for Single, Married filing jointly, Married filing separately, Head of Household, and Qualifying widow(er).

Main calculation section with lines 1-14 for AGI, deductions, exemptions, RI income tax, and payments/credits. Includes a 'Standard Deduction for:' box on the left and a 'Total boxes checked' indicator.

ATTACH FORMS W-2 AND 1099 HERE

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

Signature and Date section for taxpayer and spouse, and fields for SSN, PTIN or EIN, Telephone number, and a checkbox for mailing forms.

RI SCHEDULE EIC RHODE ISLAND EARNED INCOME CREDIT

15. Rhode Island income tax from RI-1040S, page 1, line 6.....	15.	
16. Federal earned income credit from Federal Form 1040, line 64a; 1040A, line 41a or 1040EZ, line 9a.....	16.	
17. Rhode Island percentage.....	17.	25%
18. Multiply line 16 by line 17.....	18.	
19. Enter the SMALLER of line 15 or line 18.....	19.	
20. Subtract line 19 from line 18 (if zero or less, enter the amount from line 19 on line 23. Otherwise, continue to line 21).....	20.	
21. Refundable percentage.....	21.	15%
22. RI refundable earned income credit - multiply line 20 by line 21.....	22.	
23. TOTAL RI EARNED INCOME CREDIT - add line 19 and line 22. Enter here and on RI-1040S, page 1, line 10D.....	23.	

RI CHECKOFF ✓ CONTRIBUTIONS

NOTE: Contributions reduce your refund or increase your balance due.

		\$1.00	\$5.00	\$10.00	Other		
24.	 Drug program account.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	24.	
25.	 Olympic Contribution Yes <input type="checkbox"/> \$1.00 Contribution (\$2.00 if a joint return).....					25.	
26.	 RI Organ Transplant Fund.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	26.	
27.	 RI Council on the Arts.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	27.	
28.	 RI Nongame Wildlife Fund.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	28.	
29.	 Childhood Disease Victims' Fund.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	29.	
30.	 RI Military Family Relief Fund.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> \$ _____	30.	
31.	TOTAL CONTRIBUTIONS - add lines 24, 25, 26, 27, 28, 29 and 30 - Enter here and on RI-1040S, page 1, line 8.....					31.	

32. STANDARD DEDUCTION SCHEDULE FOR PEOPLE AGE 65 OR OLDER OR BLIND

Enter the number of boxes checked on page 1, line 2A and continue below..... 32.

If your filing status is	AND the number on line 32 is	THEN your RI standard deduction RI-1040S, line 2 is
Single	1	\$7,100
	2	8,500
Married filing jointly or	1	10,600
	2	11,700
Qualifying widow(er)	3	12,800
	4	13,900
Married filing separately	1	5,850
	2	6,950
	3	8,050
	4	9,150
Head of household	1	9,750
	2	11,150