

RI-1120X Rhode Island AMENDED Business Corporation Tax Return

Amended 1120C

Amended 1120S

Federal Audit Change

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

FEDERAL EMPLOYER IDENTIFICATION NUMBER _____ FOR TAX YEAR ENDING _____

ATTACH A COPY OF ORIGINAL RHODE ISLAND RETURN AND ALL PAGES AND SCHEDULES OF THE FEDERAL RETURN OR THE FEDERAL RAR.

Schedule A	Computation of Tax	A As Originally Reported	B Net Change - Increase or (Decrease)	C As Amended
1.	Federal Taxable Income			
2.	Deductions from page 2, Schedule B, line 2H.....			
3.	Additions from page 2, Schedule C, line 3G.....			
4.	Adjusted Taxable Income. Line 1 less line 2 plus line 3.....			
5.	Rhode Island Apportionment Ratio			
6.	Rhode Island Taxable Income. Multiply line 4 times line 5.....			
7.	Adjustments. See RI-1120C instructions.....			
8.	Adjusted Taxable Income. Subtract line 7 from line 6.....			
9.	Total Income Tax. 9% of line 8.....			
10.	Franchise Tax or LLC Fee.....			
11.	Tax/Fee (List appropriate tax/fee for your entity type).....			
12.	Credits from page 2, Schedule D, line 12O.....			
13.	Tax after Credits. Enter the larger of line 10, or line 11 less line 12.....			
14.	(a) Recapture of credits _____ (b) Jobs Growth _____ Total (a) + (b) _____			
15.	Tax Due. Add lines 13 and 14.....			

Payments

16.	Estimated Tax Payments	
17.	a. Other Payments	
	b. Pass-through Withholding (Attach a copy of RI 1099-PT) C-Corp only	
18.	Tax Paid with (or after) Original Filing	
19.	Total of lines 16 through 18.....	
20.	Overpayment, if any, shown on Original Filing	
21.	Net payments. Subtract line 20 from line 19	
22.	Tax Due with Amended Return. Subtract line 21 from line 15.....	
23.	(a) Interest _____ (b) Penalty _____ (c) Form 2220 Interest _____	
24.	Total Amount Due. Add lines 22 and 23.....	
25.	Refund. Subtract line 15 from line 21.....	

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

Date _____ Signature of authorized officer _____ Title _____

Date _____ Signature of preparer _____ Address of preparer _____

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES NO Phone number _____

Amounts on this page should be as amended.

NOTE: You must attach documents supporting your deductions. Otherwise, the processing of your return may be delayed.

Schedule B - Deductions to Federal Taxable Income

Table with 2 columns: Description (A-H) and Amount. Includes items like Net operating loss deduction, Special deductions, Exempt dividends, Foreign dividend gross-up, Bonus Depreciation, Discharge of business indebtedness, and Modification for Tax Incentives.

Schedule C - Additions to Federal Taxable Income

NOTE: You must attach documents supporting any additions. Otherwise, the processing of your return may be delayed.

Table with 2 columns: Description (A-G) and Amount. Includes items like Interest, Rhode Island corporate taxes, Bonus Depreciation, Add back of captive REIT dividends, Intangible Addback, and Income from discharge of business indebtedness.

Schedule D - Rhode Island Credits

NOTE: You must attach documents supporting your Rhode Island credits. Otherwise, the processing of your return may be delayed.

Table with 2 columns: Description (A-O) and Amount. Lists various Rhode Island credits such as Investment Tax Credit, Enterprise Zone Wage Credit, Research and Development Facilities Property Credit, etc.

Schedule E - Explanation of changes to income, deductions, credits, etc. Enter the line reference for which a change is reported, and give the reason for the change. Show any computation in detail. Attach any schedules needed.

Schedule H - Franchise Tax Calculation

1. Number of Shares of Authorized Stock	_____	5. Multiply line 4 times \$2.50	_____
2. Par Value per Share of Stock (No par value = \$100)	_____	6. Apportionment Ratio from Schedule J, line 5	_____
3. Authorized Capital. Multiply line 1 times line 2	_____	7. Franchise Tax. Multiply line 5 times line 6, but	_____
4. Divide line 3 by \$10,000.00	_____	not less than \$500.00	_____

Schedule J - Apportionment

Check if utilizing an alternative allocation apportionment calculation allowed under 44-11-14.1 through 44-11-14.6.

COLUMN A
RI

COLUMN B
EVERYWHERE

		COLUMN A RI	COLUMN B EVERYWHERE	
Average net book value	1. a. Inventory	1a.		
	b. Depreciable assets	1b.		
	c. Land	1c.		
	d. Rent (8 times annual net rental rate)	1d.		
	e. Total	1e.		
	f. Ratio in Rhode Island, line 1e, column A divided by line 1e, column B			
Receipts	2. a. Gross receipts - Rhode Island Sales	2a.		
	Gross receipts - Sales Under 44-11-14 (a) (2) (i) (B)			
	b. Dividends	2b.		
	c. Interest	2c.		
	d. Rents	2d.		
	e. Royalties	2e.		
	f. Net capital gains	2f.		
	g. Ordinary income	2g.		
	h. Other income	2h.		
	i. Income exempt from federal taxation	2i.		
	j. Total	2j.		
k. Ratio in Rhode Island, line 2j, column A divided by line 2j, column B			2k. _____	
Salaries	3. a. Salaries and wages paid or incurred - (see instructions)	3a.		
	b. Ratio in Rhode Island, line 3a, column A divided by line 3a, column B			
Ratio	4 Total of Rhode Island Ratios shown on lines 1f, 2k and 3b			4. _____
	5. Apportionment Ratio. Line 4 divided by 3 or by the number of ratios. Enter here and on page 1, Sch A, col C, line 5			5. _____

Schedule CRS - Required Data for Combined Reporting Study

Only for use by C-Corps for tax years beginning after 12/31/2010. See RI-1120C instructions for more detail. Enter amended figures.

Section 1 - Combined Group Information

Form with questions A-F regarding combined group information and Yes/No checkboxes.

Section 2 - Combined Group Calculations

Large calculation table with rows for income, deductions, ratios, and taxes, including sub-tables for Rhode Island and Worldwide.

Section 3 - Listing of Companies included in this Combined Report (If more space is needed, attach a separate sheet.)

Table with 6 columns: Federal ID#, Name, RI Filing Requirement (Y/N), Federal ID#, Name, RI Filing Requirement (Y/N).

Total number of companies included in this Combined Report: []