State of Rhode Island and Providence Plantations

2014 Form RI-1040NR

Nonresident Individual Income Tax Return

14100499990101

Your name	Deceased?	Your social security number
xxxxxxxxxxxxxxxxxxxxxx x xxxxxxxxxxxxxxxxxxxxxx	Yes ×	999-99-9999
Spouse's name	**Deceased?**	**Spouse's social security number**
xxxxxxxxxxxxxxxxxxxxxx x xxxxxxxxxxxxxxxxxxxxxx	Yes ×	999-99-9999
Address	**New address?**	**Daytime phone number**
xxxxxxxxxxxxxxxxxxxxxxxx xxxxxxxxxxxxxxxxxxxxxx	Yes ×	(401)555-5555

City, town or post office	State	ZIP code	City or town of legal residence
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx	xx	99999	xxxxxxxxxxxxxxx

ELECTORAL CONTRIBUTION If you want $5.00 ($10.00 if a joint return) to go to this fund, check here. (See instructions. This will not increase your tax or reduce your refund.) × Yes

If you wish the 1st $2.00 ($4.00 if a joint return) to be paid to a specific party, check the box and fill in the name of the political party. Otherwise, it will be paid to a nonpartisan general account. × xxxxxxxxxx

FILING STATUS Check only one box

1 × Single
2 × Married filing jointly
3 × Married filing separately
4 × Head of household
5 × Qualifying widow(er)

INCOME, TAX AND CREDITS

1	Federal AGI from Federal Form 1040, line 37; 1040A, line 21 or 1040EZ, line 4	1	9999999999 99
2	Net modifications to Federal AGI from RI Schedule M, line 3. If no modifications, enter zero on this line.	2	9999999999 99
3	Modified Federal AGI. Combine lines 1 and 2 (add net increases or subtract net decreases)	3	9999999999 99
4	Deductions. RI Standard Deduction (left margin). If line 3 is over $189,700, see Standard Deduction Worksheet	4	9999999999 99
5	Subtract line 4 from line 3	5	9999999999 99
6	Exemptions. Enter federal exemptions in box, multiply by $3,800 and enter result on line 6. If line 3 is over $189,700, see Exemption Worksheet on page i. 9 X $3,800 =	6	9999999999 99
7	**RI TAXABLE INCOME**. Subtract line 6 from line 5	7	9999999999 99
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet	8	9999999999 99
9	RI percentage of allowable Federal credit from page 2, RI Sch I, line 25	9	9999999999 99
10	Rhode Island tax after allowable Federal credit - before allocation. Subtract line 9 from line 8 (not less than zero)	10	9999999999 99
11	**RI allocated income tax.** Check only one box. × **A**ll income is from RI, enter amount from line 10 on this line. × **N**onresident with income from outside RI, complete page 7, Sch II and enter result on this line. × **P**art-year resident with income from outside RI, complete page 9, Sch III and enter result on this line.	11	9999999999 99
12	Other Rhode Island Credits from RI Schedule CR, line 4	12	9999999999 99
13a	Rhode Island income tax after credits. Subtract line 12 from line 11 (not less than zero)	13a	9999999999 99
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 7	13b	9999999999 99
14	RI checkoff contributions from page 2, RI Checkoff Schedule, line 33 **Contributions reduce your refund or increase your balance due.**	14	9999999999 99
15	USE/SALES tax due from page 12, RI Schedule U, line 4 or line 8, whichever applies	15	9999999999 99
16	**TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS**. Add lines 13a, 13b, 14 and 15	16	9999999999 99

Rhode Island Standard Deduction: Single **$8,100**; Married filing jointly or Qualifying widow(er) **$16,250**; Married filing separately **$8,100**; Head of household **$12,200**

PAYMENTS

17a	RI 2014 income tax withheld from RI Schedule W, line 16 **(Attach all Forms W-2 and 1099 with RI withholding, AND Sch W)**	17a	9999999999 99
b	2014 estimated tax payments and amount applied from 2013 return	17b	9999999999 99
c	Nonresident withholding on real estate sales in 2014	17c	9999999999 99
d	RI earned income credit from page 2, RI Schedule EIC, line 42	17d	9999999999 99
e	Other payments	17e	9999999999 99
f	**TOTAL PAYMENTS AND CREDITS**. Add lines 17a, 17b, 17c, 17d and 17e	17f	9999999999 99

Attach Forms W-2 and 1099 here.

× Check ✓ to certify use tax amount on line 12 is accurate.

× Check ✓ if extension is attached.

AMOUNT DUE

18a	**AMOUNT DUE**. If line 16 is **LARGER** than line 17f, subtract line 17f from line 16	18a	9999999999 99
b	Check ✓ × if **RI-2210** or **RI-2210A** is attached and enter underestimating interest due. **This amount should be added to line 18a or subtracted from line 19, whichever applies.**	18b	9999999999 99
c	**TOTAL AMOUNT DUE**. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹	18c	9999999999 99

REFUND

19	**AMOUNT OVERPAID**. If line 17f is **LARGER** than line 17f, subtract line 16 from line 17f. **If there is an amount due for underestimating interest on line 18b, subtract line 18b from line 16.** ☺	19	9999999999 99
20	Amount of overpayment to be refunded	20	9999999999 99
21	Amount of overpayment to be applied to 2015 estimated tax	21	9999999999 99

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

Mailing address: RI Division of Taxation, One Capitol Hill, Providence, RI 02908-5806

State of Rhode Island and Providence Plantations

2014 Form RI-1040NR

Nonresident Individual Income Tax Return

14100499990102

Name	Your social security number
XXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXX	999-99-9999

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22	RI income tax from page 1, line 8		22	9999999999 99
23	Credit for child and dependent care expenses from Federal Form 1040, line 49 or Form 1040A, line 31	23 9999999999 99		
24	Tentative allowable federal credit. Multiply line 23 by 25% (0.2500)		24	9999999999 99
25	**MAXIMUM CREDIT**. Line 22 or 24, whichever is **SMALLER**. Enter here and on RI-1040NR, page 1, line 9		25	9999999999 99

RI SCHEDULE II AND III - ALLOCATION AND MODIFICATION FOR NONRESIDENTS

Schedule II should be completed by **NONRESIDENTS** with income from outside Rhode Island.
RI Schedule II is located on page 7.

Schedule III should be completed by **PART-YEAR RESIDENTS** with income from outside Rhode Island.
RI Schedule III is located on page 9.

NONRESIDENTS and **PART-YEAR RESIDENTS** with all income from Rhode Island sources do not need to complete either schedule II or III.

RI CHECKOFF CONTRIBUTIONS SCHEDULE

Note: Contributions reduce your refund or increase your balance due. $1.00 $5.00 $10.00 Other

26	Drug program account **RIGL §44-30-2.4**		26	9999999999 99
27	Olympic Contribution **RIGL §44-30-2.1** ..... Yes ☐ $1.00 contribution ($2.00 if filing a joint return)		27	9999999999 99
28	RI Organ Transplant Fund **RIGL §44-30-2.5**		28	9999999999 99
29	RI Council on the Arts **RIGL §42-75.1-1**		29	9999999999 99
30	RI Nongame Wildlife Fund **RIGL §44-30-2.2**		30	9999999999 99
31	Childhood Disease Victim's Fund **RIGL §44-30-2.3**		31	9999999999 99
32	RI Military Family Relief Fund **RIGL §44-30-2.9**		32	9999999999 99
33	**TOTAL CONTRIBUTIONS**. Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14.		33	9999999999 99

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

34	Rhode Island income tax from RI-1040NR, page 1, line 13a	34	9999999999 99
35	Federal earned income credit from Federal Form 1040, line 66a; 1040A, line 42a, or 1040EZ, line 8a	35	9999999999 99
36	Rhode Island percentage	36	25%
37	Multiply line 35 by line 36	37	9999999999 99
38	Enter the **SMALLER** of line 34 or line 37	38	9999999999 99
39	Subtract line 38 from line 37. If zero or less, enter the amount from line 38 on line 42. Otherwise, continue to line 40	39	9999999999 99
40 a	Refundable percentage	40a	15%
b	Multiply line 39 by line 40a	40b	9999999999 99
c	Rhode Island allocation from RI-1040NR, page 7, Schedule II, line 13 or RI-1040NR, page 9, Schedule III, line 14. **If all income is from RI, enter 1.0000**	40c	0.1234
41	RI refundable earned income credit. Multiply line 40b by line 40c	41	9999999999 99
42	**TOTAL RI EARNED INCOME CREDIT**. Add lines 38 and 41. Enter here and on RI-1040NR, page 1, line 17d	42	9999999999 99

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
		12/10/2014	(401)555-5555

Paid preparer signature	Print name	Date	Telephone number
	XXXXXXXXXXXXXXXXXXXXXX	12/17/2014	(401)555-5555

Paid preparer address	City, town or post office	State	ZIP code	PTIN
XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XX	99999	99999999999999

May the Division of Taxation contact your preparer? YES ☒

Revised 09/2014