State of Rhode Island Division of Taxation

2020 Form RI-1040

Resident Individual Income Tax Return

20100199990101

Reserved for 2D barcode

x: 5.00 in
y: 1.3 in
w: 2.75 in
h:1.5 in

Your social security number	Spouse's social security number
999-99-9999	999-99-9999

Your first name	MI	Last name	Suffix
XXXXXXXXXXXXXX	X	XXXXXXXXXXXXXX	XXX

Spouse's name	MI	Last name	Suffix
XXXXXXXXXXXXXX	X	XXXXXXXXXXXXXX	XXX

Address: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

City, town or post office	State	ZIP code
XXXXXXXXXXXXXXXXXXXX	XX	99999

City or town of legal residence	Check each box that applies. Otherwise, leave blank.	Primary deceased?	Spouse deceased?	New address?	Amended Return? *
XXXXXXXXXXXXXXXXXXX		X	X	X	X

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.) X Yes

If you wish the 1st $2.00 ($4.00 if a joint return) 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. X XXXXXXXXXX

FILING STATUS Check one

Single ⇨ X | Married filing jointly ⇨ X | Married filing separately ⇨ X | Head of household ⇨ X | Qualifying widow(er) ⇨ X

INCOME, TAX AND CREDITS

Rhode Island Standard Deduction
Single **$8,900**
Married filing jointly or Qualifying widow(er) **$17,800**
Married filing separately **$8,900**
Head of household **$13,350**

1	Federal AGI from Federal Form 1040 or 1040-SR, line 11		1	9999999999 99
2	Net modifications to Federal AGI from RI Sch M, line 3. If no modifications, enter 0 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	RI Standard Deduction from left. If line 3 is over $ 207,700 see Standard Deduction Worksheet		4	9999999999 99
5	Subtract line 4 from line 3. If zero or less, enter 0		5	9999999999 99
6	Enter # of exemptions from RI Sch E, line 5 in box, multiply by $4,150 and enter result on line 6. If line 3 is over $207,700, see Exemption Worksheet	99 X $4,150 =	6	9999999999 99
7	RI TAXABLE INCOME. Subtract line 6 from line 5. If zero or less, enter 0		7	9999999999 99
8	RI income tax from Rhode Island Tax Table or Tax Computation Worksheet		8	9999999999 99
9a	RI percentage of allowable Federal credit from page 3, RI Sch I, line 22	9a 9999999999 99		
b	RI Credit for income taxes paid to other states from page 3, RI Sch II, line 29	9b 9999999999 99		
c	Other Rhode Island Credits from RI Schedule CR, line 8	9c 9999999999 99		
d	Total RI credits. Add lines 9a, 9b and 9c		9d	9999999999 99
10a	Rhode Island income tax after credits. Subtract line 9d from line 8 (not less than zero)		10a	9999999999 99
b	Recapture of Prior Year Other Rhode Island Credits from RI Schedule CR, line 11		10b	9999999999 99
11	RI checkoff contributions from page 3, RI Checkoff Schedule, line 37.	Contributions reduce your refund or increase your balance due	11	9999999999 99
12a	USE/SALES tax due from RI Schedule U, line 4 or line 8, whichever applies		12a	9999999999 99
b	Individual Mandate Penalty (see instructions). Check ✓ to certify full year coverage.	X	12b	9999999999 99
13a	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS. Add lines 10a, 10b, 11, 12a and 12b		13a	9999999999 99

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

Using a paper clip, please attach Forms W-2 and 1099 here.

RETURN MUST BE SIGNED - SIGNATURE IS LOCATED ON PAGE 2

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

If filing an amended return, attach the Explanation of Changes supplemental page

DRAFT 03/25/2020

State of Rhode Island Division of Taxation

2020 Form RI-1040

Resident Individual Income Tax Return - page 2

20100199990102

Name(s) shown on Form RI-1040 or RI-1040NR: XXXXXXXXXXXXXX XXXXXXXXXXXXXX

Your social security number: 999-99-9999

PAYMENTS AND PROPERTY TAX RELIEF CREDIT

13b	TOTAL RI TAX AND CHECKOFF CONTRIBUTIONS from line 14a			13b	999999999
14a	RI 2020 income tax withheld from RI Schedule W, line 16. You must attach Sch W AND all W-2 and 1099 forms with RI withholding	14a	999999999 99		
b	2020 estimated tax payments and amount applied from 2019 return	14b	999999999 99		
c	Property tax relief credit from RI-1040H, line 13. Attach RI-1040H	14c	999999999 99		
d	RI earned income credit from page 3, RI Schedule EIC, line 40	14d	999999999 99		
e	RI Residential Lead Paint Credit from RI-6238, line 7. Attach RI-6238	14e	999999999 99		
f	Other payments	14f	999999999 99		
g	TOTAL PAYMENTS AND CREDITS. Add lines 14a, 14b, 14c, 14d, 14e and 14f			14g	999999999 99
h	Previously issued overpayments (if filing an amended return)			14h	999999999 99
i	NET PAYMENTS. Subtract line 14h from line 14g			14i	999999999 99
15a	AMOUNT DUE. If line 13b is LARGER than line 14i, subtract line 14i from line 13b			15a	999999999 99
b	Enter the amount of underestimating interest due from Form RI-2210 or RI-2210A (attach form). This amount should be added to line 15a or subtracted from line 16, whichever applies			15b	999999999 99
c	TOTAL AMOUNT DUE. Add lines 15a and 15b. Complete RI-1040V and send in with your payment ☹			15c	999999999 99
16	AMOUNT OVERPAID. If line 14i is LARGER than line 13b, subtract line 13b from line 14i. If there is an amount due for underestimating interest on line 15b, subtract line 15b from line 16 ☺			16	999999999 99
17	Amount of overpayment to be refunded			17	999999999 99
18	Amount of overpayment to be applied to 2021 estimated tax	18	999999999 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	Your driver's license number	and state	Date	Telephone number
	999999999	XX	09/28/20	(999) 999-9999
Spouse's signature	**Spouse's driver's license number**	**and state**	**Date**	**Telephone number**
	999999999	XX	09/28/20	(999) 999-9999
Paid preparer signature	**Print name**		**Date**	**Telephone number**
	XXXXXXXXXXXXXXXXXXXXXX		09/28/20	(999) 999-9999
Paid preparer address	**City, town or post office**	**State**	**ZIP code**	**PTIN**
XXXXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	XX	99999	P99999999

May the Division of Taxation contact your preparer? YES X

DRAFT 09/28/2020

State of Rhode Island Division of Taxation

2020 Form RI-1040

Resident Individual Income Tax Return - page 3

20100199990103

Name(s) shown on Form RI-1040 or RI-1040NR	Your social security number
XXXXXXXXXXXXXX XXXXXXXXXXXXXX	999-99-9999

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

19	RI income tax from page 1, line 8	19	9999999999 99
20	Credit for child and dependent care expenses from Federal Form 1040 or 1040-SR, Schedule 3, line 2	20	9999999999 99
21	Tentative allowable federal credit. Multiply line 20 by 25% (0.2500)	21	9999999999 99
22	MAXIMUM CREDIT. Line 19 or 21, whichever is SMALLER. Enter here and on page 1 line 9a	22	9999999999 99

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

(ATTACH COPY OF OTHER STATE(S) RETURN)

23	RI income tax from RI-1040, page 1, line 8 less allowable federal credit from RI-1040, page 3, line 22	23	9999999999 99
24	Income derived from other state. If more than one state, see instructions	24	9999999999 99
25	Modified federal AGI from page 1, line 3	25	9999999999 99
26	Divide line 24 by line 25	26	0.9999
27	Tentative credit. Multiply line 23 by line 26	27	9999999999 99
28	Tax due and paid to other state (see specific instructions). Insert abbreviation for state paid XX	28	9999999999 99
29	MAXIMUM TAX CREDIT. Line 23, 27 or 28, whichever is the SMALLEST. Enter here and on pg 1, line 9b	29	9999999999 99

RI CHECKOFF CONTRIBUTIONS SCHEDULE

		$1.00	$5.00	$10.00	Other		
30	Drug program account **RIGL §44-30-2.4**					30	9999999999 99
31	Olympic Contribution **RIGL §44-30-2.1** ..... Yes $1.00 contribution ($2.00 if a joint return)					31	9999999999 99
32	RI Organ Transplant Fund **RIGL §44-30-2.5**					32	9999999999 99
33	RI Council on the Arts **RIGL §42-75.1-1**					33	9999999999 99
34	Nongame Wildlife Fund **RIGL §44-30-2.2**					34	9999999999 99
35	Childhood Disease Victim's Fund **RIGL §44-30-2.3** and Substance Use and Mental Health Leadership Council of RI **RIGL §44-30-2.11**					35	9999999999 99
36	RI Military Family Relief Fund **RIGL §44-30-2.9**					36	9999999999 99
37	TOTAL CONTRIBUTIONS. Add lines 30 through 36. Enter here and on RI-1040, page 1, line 11					37	9999999999 99

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

38	Federal earned income credit from Federal Form 1040 or 1040-SR, line 27	38	9999999999 99
39	Rhode Island percentage	39	15%
40	RI EARNED INCOME CREDIT. Multiply line 38 by line 39. Enter here and on RI-1040, page 2, line 14d	40	9999999999 99

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State of Rhode Island Division of Taxation

2020 RI Schedule W

Rhode Island W-2 and 1099 Information - Page 4

20101099990101

Name(s) shown on Form RI-1040 or RI-1040NR: XXXXXXXXXXXXXX XXXXXXXXXXXXXX

Your social security number: 999-99-9999

Complete this Schedule listing all of your and, if applicable, your spouse's W-2s and 1099s showing Rhode Island Income Tax withheld. *W-2s or 1099s showing Rhode Island Income Tax withheld must still be attached to the front of your return.* Failure to do so may delay the processing of your return. ATTACH THIS SCHEDULE W TO YOUR RETURN

	Column A Enter "S" if Spouse's W-2 or 1099	Column B Enter 1099 letter code from chart	Column C Employer's Name from Box C of your W-2 or Payer's Name from your Form 1099	Column D Employer's state ID # from box 15 of your W-2 or Payer's Federal ID # from Form 1099	Column E Rhode Island Income Tax Withheld (SEE BELOW FOR BOX REFERENCES)
1	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
2	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
3	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
4	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
5	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
6	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
7	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
8	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
9	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
10	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
11	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
12	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
13	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
14	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99
15	X	X	XXXXXXXXXXXXXXXXXXXXXX	99-9999999	9999999999 99

16 Total RI Income Tax Withheld. Add lines 1 through 15, Col. E. Enter total here and on RI-1040, line 14a or RI-1040NR, line 17a 9999999999 99

17 Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld 9999999

Schedule W Reference Chart

Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box	Form Type	Letter Code for Column B	Withholding Box
W-2		17	1099-G	G	11	1099-OID	O	14
W-2G	W	15	1099-INT	I	17	1099-R	R	14
1042-S	S	17a	1099-K	K	8	RI-1099E	E	9
1099-B	B	16	1099-M	M	15	RI-1099PT	P	9
1099-DIV	D	15	1099-NEC	N	5			

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State of Rhode Island Division of Taxation

2020 RI Schedule E

Exemption Schedule for RI-1040 and RI-1040NR

20105999990101

Name(s) shown on Form RI-1040 or RI-1040NR		Your social security number
XXXXXXXXXXXXXX	XXXXXXXXXXXXXX	999-99-9999

EXEMPTIONS

Complete this Schedule listing all individuals you can claim as a dependent.

ATTACH THIS EXEMPTION SCHEDULE TO YOUR RETURN **Failure to do so may delay the processing of your return.**

1a Yourself ☒

b Spouse ☒

	(A) Name of Dependent	(B) Social Security Number	(C) Date of Birth	(D) Relationship
2a	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
b	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
c	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
d	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
e	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
f	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
g	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
h	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
i	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
j	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
k	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
l	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX
m	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	999999999	09282020	XXXXXXXXX

Exemption Number Summary

3	Enter the number of boxes checked on lines 1a and 1b	3	9999999999
4a	Enter the number of children from lines 2a through 2m who lived with you	4a	9999999999
b	Enter the number of children from lines 2a through 2m who did not live with you due to divorce or separation	4b	9999999999
c	Enter the number of other dependents from lines 2a through 2m not included on lines 4a or 4b.	4c	9999999999
5	Add the numbers from lines 3 through 4c. Enter here and in the box on RI-1040/NR, pg 1, line 6	5	9999999999

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