Date

Signature of preparer

MAY THE DIVISION CONTACT YOUR PREPARER ABOUT THIS RETURN? YES

Rhode Island Political Organization Tax Return

TO BE FILED ONLY BY Political Organizations for calendar year 2012 RI-1120POL or fiscal year beginning _____ - ending _____ - ending _____ . Due on or before the 15th day of the 3rd month after close of the taxable year.

Initial Return				
Final Return		NAME		
T mai Tetam	Ч	ADDRESS		
Short Year				
	_	CITY	TATE	ZIP CODE
Address Change				
		FEDERAL EMPLOYER IDENTIFICATION NUMBER	₹	EMAIL ADDRESS TO CONTACT ENTITY
Amended				

Complete only if your political organization has more than \$100 in Political Organization Taxable Income under IRC Section 527(c)

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Tax	Can	mnı	ITATI	on -

	Federal Taxable Income from Federal 1120-POL, line 19							
Deductions	2.	a. Exempt dividends and interest						
		b. Rhode Island Special Deduction - \$100.00						
	3.	TOTAL DEDUCTIONS. Add lines 2a and 2b	3.					
	Rhode Island adjusted taxable income. Subtract line 3 from line 1							
Tax and	5.	Rhode Island income tax. 7.5% of line 4 (but not less than zero)	5.					
Payments	6.	a. Payments made on 2012 declaration of estimated tax						
		b. Other payments	-					
	7. TOTAL PAYMENTS. Add lines 6a and 6b							
Balance Due	8.	Net tax due. Subtract line 7 from line 5			8.			
	9.	a. Interest (18% per annum)	9a.					
		b. Late payment penalty (0.5% per month)						
		c. Late filing penalty (5% per month)						
	10. TOTAL INTEREST AND PENALTIES. Add line 9a, 9b and 9c							
11. Total due with return. Add lines 8 and 10. Please use Form RI-1120POL-V to submit payment								
Refund 12. Overpayment. Subtract line 5 from line 7								
13. Amount of overpayment to be credited to 2013 estimated tax								
		14.						
Instructions for completing this form								
Line 1: Enter F Line 2a: Enter a Line 2b: Rhode Line 3: Total De Line 4: Rhode I Line 5: Rhode I Line 6a: Payme Line 6b: Other prior Line 7: Total pa Line 8: Net tax Under penalties edge it is true, or	month to a n er of ax of a hths la 9b ar ax pay com lii	nd 9c. yments. ne 12.						
Date		Signature of authorized officer Title						

NO

Address of preparer