

2013 Form RI-1040NR

Nonresident Individual Income Tax Return

Form header section with fields for: Your name, Spouse's name, Address, City, town or post office, State, ZIP code, Your social security number, Spouse's social security number, Daytime phone number, City or town of legal residence.

ELECTORAL CONTRIBUTION section with instructions and checkboxes for Yes/No.

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

Table for INCOME, TAX AND CREDITS with rows 1-16 and columns for amounts and calculations.

Table for PAYMENTS with rows 17a-17f and a checkbox for extension.

Table for AMOUNT DUE with rows 18a-18c and checkboxes for interest due.

Table for REFUND with rows 19-21 and checkboxes for overpayment.

State of Rhode Island and Providence Plantations
2013 Form RI-1040NR
 Nonresident Individual Income Tax Return

Name	Your social security number

RI SCHEDULE I - ALLOWABLE FEDERAL CREDIT

22 RI income tax from page 1, line 8		22	
23 Credit for child and dependent care expenses from Federal Form 1040, line 48 or Form 1040A, line 29.....	23		
24 Tentative allowable federal credit. Multiply line 23 by 25% (0.2500).....		24	
25 MAXIMUM CREDIT. Line 22 or 24, whichever is SMALLER. Enter here and on RI-1040NR, page 1, line 9		25	

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		26	
27		Olympic Contribution RIGL §44-30-2.1 Yes <input type="checkbox"/> \$1.00 contribution (\$2.00 if filing a joint return)						27	
28		RI Organ Transplant Fund RIGL §44-30-2.5	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		28	
29		RI Council on the Arts RIGL §42-75.1-1	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		29	
30		RI Nongame Wildlife Fund RIGL §44-30-2.2	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		30	
31		Childhood Disease Victim's Fund RIGL §44-30-2.3	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		31	
32		RI Military Family Relief Fund RIGL §44-30-2.9	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		32	
33	TOTAL CONTRIBUTIONS. Add lines 26, 27, 28, 29, 30, 31 and 32. Enter here and on RI-1040NR, pg 1, line 14.							33	

RI SCHEDULE EIC - RHODE ISLAND EARNED INCOME CREDIT

34 Rhode Island income tax from RI-1040NR, page 1, line 13a.....		34	
35 Federal earned income credit from Federal Form 1040, line 64a; 1040A, line 38a, or 1040EZ, line 8a		35	
36 Rhode Island percentage.....		36	25%
37 Multiply line 35 by line 36.....		37	
38 Enter the SMALLER of line 34 or line 37.....		38	
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	
40 a Refundable percentage.....		40	15%
b Multiply line 39 by line 40a.....		40b	
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	
41 RI refundable earned income credit. Multiply line 40b by line 40c.....		41	
42 TOTAL RI EARNED INCOME CREDIT. Add lines 38 and 41. Enter here and on RI-1040NR, page 1, line 17d.....		42	

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
Paid preparer signature	Print name	Date	Telephone number
Paid preparer address	City, town or post office	State	ZIP code PTIN

May the Division of Taxation contact your preparer? YES

Revised 10/2013

State of Rhode Island and Providence Plantations

2013 RI Schedule W

Rhode Island W-2 and 1099 Information

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

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					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
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..				
17	Total number of W-2s and 1099s showing Rhode Island Income Tax Withheld				

INSTRUCTIONS FOR COMPLETING SCHEDULE W

Lines 1 - 15:

Please complete columns A, B, C, D and E for each W-2 and 1099 showing Rhode Island withholding.

Column A: For each W-2 or 1099 being entered, leave blank if the W-2 or 1099 is for you. Enter an "S" if the W-2 or 1099 belongs to your spouse.

Column B: For each W-2 or 1099 being entered, leave blank if the information being entered is from a W-2. For all 1099s being entered, enter the letter code from the chart to the right.

Column C: For each W-2 or 1099 being entered, enter the name of the employer or payer.

Column D: For each W-2, enter the employer's state identification number from box 15 of the W-2. Note: The state identification number may be different than the employer's federal identification number. Be sure to enter the identification number from box 15, rather than box b of the W-2. For each 1099, enter the payer's federal identification number.

Column E: For each W-2 or 1099, enter the amount of Rhode Island withholding as shown on each form. See chart to the right for box reference.

Line 16: Total Rhode Island Income Tax Withheld. Add the amounts from Column E, lines 1 through 15. Enter the total here and on RI-1040, line 14a or RI-1040NR, line 17a.

Line 17: Enter the number of W-2s and 1099s entered on lines 1-15 showing Rhode Island income tax withheld.

Schedule W plus all W-2s and 1099s with Rhode Island withholding must be attached to your Rhode Island return in order to receive credit for your Rhode Island withholding tax amount.

ATTACH THIS FORM TO YOUR RHODE ISLAND RETURN.

Schedule W Reference Chart		
Form Type	Letter Code for Column B	Withholding Box
W-2	-	17
W-2G	-	15
1042-S	S	23
1099-B	B	15
1099-DIV	D	14
1099-G	G	11
1099-INT	I	13
1099-MISC	M	16
1099-OID	O	12
1099-R	R	12
RI-1099PT	P	9