

2014 Form RI-1040NR

Nonresident Individual Income Tax Return

Your name		Deceased?	Your social security number	
		Yes <input type="checkbox"/>		
Spouse's name		Deceased?	Spouse's social security number	
		Yes <input type="checkbox"/>		
Address		New address?	Daytime phone number	
		Yes <input type="checkbox"/>		
City, town or post office	State	ZIP code	City or town of legal residence	

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.

FILING STATUS Check only one box

1 Single 3 Married filing separately 5 Qualifying widow(er)

2 Married filing jointly 4 Head of household

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

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

Check ✓ to certify use tax amount on line 15 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		
	b	Check <input type="checkbox"/> 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		
	c	TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment ☹️	18c		

REFUND	19	AMOUNT OVERPAID. If line 17f is LARGER than line 16, 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		
	20	Amount of overpayment to be refunded.....	20		
	21	Amount of overpayment to be applied to 2015 estimated tax.....	21		

State of Rhode Island and Providence Plantations
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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 49 or Form 1040A, line 31.....	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 66a; 1040A, line 42a, 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.....		40a	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 09/2014