

State of Rhode Island and Providence Plantations
2014 Form RI-1040X-NR
 Amended Nonresident Individual Income Tax Return

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

Are you filing an amended federal income tax return? Yes ☐ Have you been advised your federal income tax return is under examination? Yes ☐

FILING STATUS	Single	Married filing jointly	Married filing separately	Head of household	Qualifying widow(er)
On Original Return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On this amended return	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

		A. Originally reported	B. Net amount	C. Correct amount
1 Federal AGI (Adjusted gross income).....	1			
2 Modifications from RI Schedule M, line 3	2			
3 Modified Federal AGI. Combine lines 1 and 2.....	3			
4 RI Standard Deduction (see instructions).....	4			
5 Subtract line 4 from line 3.....	5			
6 Exemptions. Enter federal exemptions in box, <input type="checkbox"/> multiply by \$3,800 and enter result on line 6. If line 3 is over \$189,700, see instructions	6			
7 RI TAXABLE INCOME. Subtract line 6 from line 5.....	7			
8 RI income tax from RI Tax Table or Tax Computation Worksheet.....	8			
9 RI percentage of allowable Federal credit: RI-1040NR, pg 2, line 25.....	9			
10 RI tax after allow federal credit - before allocation.....	10			
11 RI allocated income tax (check only one box) <input type="checkbox"/> All income is from RI, enter the amount from line 10 on this line <input type="checkbox"/> Nonresident with income from outside RI, complete RI-1040NR, Sch II <input type="checkbox"/> Part-year resident with income from outside RI, complete RI-1040NR, Sch III	11			
12 Other Rhode Island Credits from RI Schedule CR, line 4	12			
13a RI income tax after credits. Subtract line 12 from line 11 (not less than zero)	13a			
b Recapture of Prior Year Other RI Credits from RI Schedule CR, line 7	13b			
14 RI checkoff contributions: RI-1040NR, pg 2, RI Checkoff Schedule, line 33	14			
15 USE/SALES tax due: 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			
17a RI 2014 income tax withheld from RI Schedule W, line 16.....	17a			
b 2014 estimated tax payments and 2013 carryforward.....	17b			
c Nonresident withholding on real estate sales in 2014.....	17c			
d RI earned income credit.....	17d			
e Other payments.....	17e			
f Total. Add lines 17a, 17b, 17c, 17d and 17e.....	17f			
g Overpayment allowed on original return.....	17g			
h Total payments after overpayment. Subtract line 17g from line 17f.....	17h			
18a AMOUNT DUE. If line 16 is LARGER than line 17h, subtract line 17h from line 16.....	18a			
b Interest due on amount on line 18a. See instructions for interest calculation.	18b			
c TOTAL AMOUNT DUE. Add lines 18a and 18b. Complete RI-1040V and send in with your payment.....	18c			
19 AMOUNT OVERPAID. If line 17h is LARGER than line 16, subtract line 16 from line 17h.....	19			
20 Amount of overpayment to be refunded.....	20			
21 Amount of overpayment to be applied to 2015 estimated tax.....	21			

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

PART 2 EXPLANATION OF CHANGES TO INCOME, DEDUCTIONS AND CREDITS

Enter the line number from the form for each item which you are changing and give the reason for each change. Attach only the supporting forms and schedules for the items changed. If you do not attach the required information, your Form RI-1040X-NR may not be approved.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

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

11

