

State of Rhode Island and Providence Plantations

2016 Form RI-1096PT

Pass-through Withholding Return and Transmittal

		Name	deral empl	employer identification number						
	Amended	Address								
	Sub S Corp									
	110	Address 2								
	LLC	City, town or post office	ate	ZIP code E-r	mail addres	SS				
	Partnership									
	Trust	Year end Calendar Year: January 1, 2016 through December 31, 2016 Fig.	6 through	n MM/DD/						
H	Cannot distribu									
	Carmot distribu	ute due to Federal or State restrictions (see instructions) Memb	CIS V	Column A	NI SOUICE	Column B				
WITI	HHOLDING CA	S LL	Sub S Corps, Individuals, Cs, Partnerships & Trusts							
1	Rhode Island	source income of nonresident members net of modification	. 1a	ı	1b					
0	Dhada laland		2-	7.00/	O.b.	5.000/				
2	Knode Island	nonresident pass-through withholding rate	. 28	7.0%	2b	5.99%				
3	Rhode Island	pass-through withholding. Multiply line 1 by line 2	. За		3b					
4	TOTAL Rhode	4								
5	Rhode Island	5								
J	Kiloue Islanu	3								
6	Tentative Rhoo	6								
7	Rhode Island	estimated tax paid on Form RI-1096PT-ES	. 7							
0,	Cradit for with									
06	8a Credit for withholding paid on behalf of reporting entity. Enter the identification number(s) of issuing entity or entities below. (see instructions)									
	ID#					Check ✓ if extension is				
81	Rhode Island		attached.							
	name, not men	nbers' names, was provided to Division of Taxation at time of closing	. 8b							
80	Other paymen	uts	80							
	-									
9	lotal payment	s and credits. Add lines 7, 8a, 8b and 8c			9					
10										
	to the RI-1099 Check if t	96V. rn. 10								
11	Excess withh be allocated to t									
NOT	E: The total with									
		nount from line 6 or line 9 above, whichever is larger.	.							
	Attach all IS	SUED RI-1099PTs to the BACK of this Form RI-1096PT.	Tota	ll amount of 1099s issue	d:					

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Name	employer identif	fication number					
SCHEDULE A - CALCULATION FOR AN ENTITY WI	TH AT LEAST ONE C CORP MEMBER V	VITH L	ESS THAI	N \$1,000.00 C	OF INCOME		
	Colu C Corp				Column B Number of Members		
	esident C Corporation members net of modifications						
	nresident C Corporation members with income of lesschedule)						
	ent C Corporation members with income of \$1,000 c 2 from line 1 . Enter here and on pg 1, Col A, Line						
SCHEDULE B - CALCULATION FOR AN ENTITY WI	TH AT LEAST ONE NON-C CORP MEMB	ER WI	ΓΗ LESS Τ Colui		00 OF INCO		
		Su	b S Corps, In Partnerships	dividuals, LLCs, and Trusts	Number of Members		
	esident members other than C Corporations net of	1					
	nresident members other than C Corporations with intions (attach schedule)	' '					
	de Island source income of nonresident members other than C Corporations with income of \$1,000 or e net of modifications. Subtract line 2 from line 1 . Enter here and on page 1, Column B, Line 1b						
VORKSHEET FOR PAGE 1, LINE 5							
	a Rhode Island nonresident real estate withholding - ONLY include if a breakdown of each shareholder's with- holding amount was provided to the RI Division of Taxation at the time of closing - Attach copy of 71.3 form						
5b Rhode Island estimated tax paid by mem structions).	5b Rhode Island estimated tax paid by members on their personal return attributable to income on this return (see instructions).						
5c Excess Rhode Island withholding tax pai		5c					
5d Rhode Island credit purchased by a men	5d						
5e Total. Add lines 5a, 5b, 5c and 5d. Ente	5e						
Index penalties of perjuny I declare that I have	examined this return and accompanying schedules	and state	ements and t	o the hest of my	knowledge and		
1 3 32	aration of preparer (other than taxpayer) is based on		,	,	ny knowledge.		
Paid preparer signature	Print name	Date		Telephone nur	mber		
Paid preparer address	City, town or post office	State	ZIP Code	PTIN			