

State of Rhode Island and Providence Plantations **2019 Form RI-1096PT**



19102999990101

Pass-through Withholding Return and Transmittal

	Name		Federal	ederal employer identification number				
	Amended							
		Address						
	Sub S Corp							
		Address 2						
	LLC							
		City, town or post office	tate	ZIP code	E-mail a	ddress		
	Partnership	Voor and						
	· .	Year end		. MM / DD / 2/	210		MM / DD /	
	Trust	Calendar Year: January 1, 2019 through December 31, 2019	iscal Y	Year: $MM/DD/20$	JI9 th	nrough	MM/DD/_	
	Cannot distrib	ute due to Federal or State restrictions (see instructions) Memb	ers v	vith less than \$1,000	in RI soı	urce inc	ome (see instru	ctions)
	Carriot diouis	ato data to 1 oddital of otatio footbollone (coo molifications)		Column A			Column B	J
WITH	HOLDING CA	ALCULATION		C Corporations onl	V	Sub	S Corps, Individua	ıls,
					,	LLCs	, Partnerships & Tr	usts
1	Rhode Island	source income of nonresident members net of modification	1a	ı		1b		
			-		-			-
2	Rhode Island	nonresident pass-through withholding rate	2a	7.0%		2b	5.99%	
								-
3	Rhode Island	pass-through withholding. Multiply line 1 by line 2	За	1		3b		
					-			
4	TOTAL Rhode	e Island pass-through withholding. Add lines 3a and 3b				4		
_						_		
5	Rhode Island	nonresident real estate withholding (see worksheet on page 2 for c	other	payments)		5		
0				,				
6	Ientative Rho	de Island withholding for members. Subtract line 5 from line 4 (not les	s thai	n zero)		6		
7	Dhada lalaad	antimated to unaid an Farma DI 400CDT FC	7					
,	Knode Island	estimated tax paid on Form RI-1096PT-ES						
82	Credit for with	sholding paid on behalf of reporting entity. Enter the identification						
Ü		ssuing entity or entities below. (see instructions)	8a					
	ID#	souring criticy of criticise below. (See mondolone)	00	`				
					-			
8b	Rhode Island	nonresident withholding on real estate sales in 2019 ONLY if entity						
	name, not mei	mbers' names, was provided to Division of Taxation at time of closing	8b)				
		•						
80	Other paymer	nts	. 8c	:				
					-			;
9	Total paymen	ts and credits. Add lines 7, 8a, 8b and 8c				9		
								+
10	Balance due	Balance due. If line 6 is greater than line 9, subtract line 9 from line 6. The amount from line 6 should be allocated						1
	to the RI-1099	the RI-1099PTs being issued. Remit payment for balance due, plus any 2210PT interest, using Form RI-1096V.						
	Attach the RI-2210PT to the return.				10			
11	Evoces with	colding paid. If line 0 is greater than line 6, subtract line 6 from line	00 -	The amount on line O	chould			
11		excess withholding paid. If line 9 is greater than line 6, subtract line 6 from line 9. The amount on line 9 should be allocated to the RI-1099PTs being issued to the entity's members. Excess amounts cannot be refunded or carried forward.			11			
	ne anocateu lu	the 14-10001 to being looked to the citility of the thouse of Excess diffourits Ca	motk	se returiueu or carrieu i	oi wai u.	"		<u>i </u>
NOT	E: The total wit	hholding from all RI-1099PTs that have been issued must	Nun	nber of 1099s issued:				
		mount from line 6 or line 9 above, whichever is larger.						
		SSUED RI-1099PTs to the BACK of this Form RI-1096PT.	Tota	ll amount of 1099s iss	sued:			



Paid preparer address

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19102999990102

Pass-through	Withholding	Return	and	Transmittal

Name			Federa	ıl empl	oyer identifi	cation number
SCHEDULE A - CALCULATION FOR AN ENTITY WITH	AT LEAST ONE C CORP MEMBER V	/ITH LE	SS THAI	N \$1,0	000.00 OF	INCOME
				mn A orations		Column B Number of Members
	dent C Corporation members net of modifications					
	sident C Corporation members with income of lesedule)					
	C Corporation members with income of \$1,000 crom line 1. Enter here and on pg 1, Col A, Line					
SCHEDULE B - CALCULATION FOR AN ENTITY WITH A	T LEAST ONE NON-C CORP MEMBER		Colu	mn A		Column B
			S Corps, In Partnership			Number of Members
	dent members other than C Corporations net of	1				
	sident members other than C Corporations with i s (attach schedule)					
	thode Island source income of nonresident members other than C Corporations with income of \$1,000 or nore net of modifications. Subtract line 2 from line 1 . Enter here and on page 1, Column B, Line 1b					
WORKSHEET FOR PAGE 1, LINE 5						
5a Rhode Island nonresident real estate withholding - ONLY include if a breakdown of <u>each shareholder's with-holding amount</u> 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 members on their personal return attributable to income on this return (see instructions).						
5c Excess Rhode Island withholding tax paid by this entity for members (see instructions)						
5d Rhode Island credit purchased by a member for use in 2019. Refer to Schedule CR for elgible credits						
5e Total. Add lines 5a, 5b, 5c and 5d. Enter here and on page 1, line 5						
Under penalties of perjury, I declare that I have exabelief, it is true, accurate and complete. Declarati Authorized officer signature	on of preparer (other than taxpayer) is based on			h prep		y knowledge.
Paid preparer signature P	Print name Date			Tele	ephone num	ber

City, town or post office

State ZIP Code

PTIN