

## State of Rhode Island Division of Taxation **2021 RI-1041**



21101799990101

You must check a box:  Estates and Trusts  Bankruptcy Estate		1	Name of estate or trust	Federal er	mployer identifica	ition number						
		i	Name and title of fiducia									
			Address 1									
Amer Retur			Address 2									
			City, town or post office		State	ZIP code	)	E-mail address				
Year End			Calendar Year: 01/01/20	21 through 12/31/2021	Fiso	cal Year: l	peginni	ing $MM/DD/20$	21 throug	gh MM/DD/	2022	
Income	1	Federal total income of fiduciary from Federal Form 1041, line 9										
111001110		Modifications increasing federal total income from Schedule M, line 21 2						1		-		
			•	eral total income from Sch			3	i				
			•	lines 2 and 3					4			
	5	Modified federal total income. Combine lines 1 and 4 (add net increases or subtract net decreases)										
			ral total deductions fron									
			xable income. Subtract									
Tax and				n RI-1041 Tax Computation								
Credits				m page 2, line 34 (resider								
Oround				er allocation. Multiply line				•				
				other states from pg 2, line 4								
			'	om Schedule CR, line 9	,	• /						
				Add lines 11 and 12				1	13			
14a Rhode Island income tax after RI credits. Subtract line 13 from line 10 (not less than zero)										-		
Daymonto				withheld from Schedule W,					14u			
ayıncın						attached	152	į				
			Forms W-2 and 1099 with RI withholding <b>AND</b> Schedule W must be attached. 15a ayments on 2021 Form RI-1041ES and credits carried forward from 2020 15b									
				holding (nonresident estate or trust only)				<u> </u>				
				• (		• /		<u> </u>				
		Other payments							15e			
Amount				an line 15e, <b>SUBTRACT</b> line					136			
Amount Due	104	iAXi	DOL. II III IC 140 IS larger un	arrille 100, <b>CODTIGOT</b> line	100 11011	TIIIIC 14a.	IUa					
Due	b	Enter	underestimating interest	due. Add to line 16a or subt	ract from	n line 17	16b					
			TOTAL AMOUNT DUE. Add lines 16a and 16b									
Refund			•	14d, <b>SUBTRACT</b> line 14d								
		If the	re is an amount due for	17								
	18	Amo	Amount of overpayment to be refunded									
	19	Amount of overpayment to be applied to 2022 estimated tax										
Under per	alties	of pe	erjury, I declare that I ha	ve examined this return an	nd accon	npanying	schedi	ules and statements,	and to the I	best of my know	vledge and	
belief, it is	s true	, accı	urate and complete. De	claration of preparer (other	r than ta	xpayer) is	based	d on all information of	which prep	arer has any kr	nowledge.	
Authorized officer sig			nature	Print name Date						Telephone number		
Paid preparer signature			ure	Print nam	е			Date	Tele	phone number		
Paid preparer address			SS	City, town or post of	City, town or post office State ZIP Code			PTIN				



## State of Rhode Island Division of Taxation 2021 RI-1041



21101799990102

Fiduciary Income Tax Return

Name of estate or trust Fede									Federal e	deral employer identification number			
SCI	ΗE	DULE I	BENEFIC	IARY INFORI	ΜA	TION (All estates a	and trus	sts must complete th		,			
	Name								State of esidence Social Security Nu				
20	Ben	eficiary											
	Deficiolary												
21	Ben	eficiary											
22	Ben	eficiary											
	If m	ore space is nee	eded, please attac	h the required inforn	natio	n on a separate sheet o	of pape	er.					
SCI	4E	DULE II A	ALL OCATIO	N AND MOD	IFI <i>C</i>	CATION (To be se	mploto	nd by truete and acta	toc with	nonrocident be	noficiarios)		
301	-	DOLL II 7	Column A	Column B		Column C	mpiete	Column D	iles willi	es with nonresident beneficiaries)  Column E			
			Percent of beneficiaries'	Column A times total federal income page 1, line 1		Column A times tota net modifications page 1, line 4	Combine Columns B (add net increase subtract net decrea	es or	or col D. Nonresidents enter RI				
			interest (must equal 100%)	Total Federal Inco	me	Modifications to Federal I	Income	Modified Federal I	ncome	Total RI Source	ce Income		
	23	Beneficiary		 									
Resident eneficiaries	24	Beneficiary											
Resident Beneficiaries	25	Beneficiary					 						
	26	Beneficiary											
	27	Beneficiary					 						
Nonresident Beneficiaries	28	Beneficiary											
Nonre Benefi	29	Beneficiary											
	30	Beneficiary											
31	То	tal	100%										
32	Мо	difications to Rho	ode Island source	income. Enter amo	unt fr	om column C that is inc	cluded	in column E	32				
33	Modified Rhode Island source income. Combine lines 31, col E and 32 (add net increases - subtract net decreases)								es) 33				
34	RI allocation. Divide line 33 by line 31, col D (not greater than 1.000). Enter here and on RI-1041, page 1, line 9.								9 34				
SCI	ΗE	DULE III	CREDIT F	OR INCOME	TA	XES PAID TO	ANC	THER STATI	E (reside	ent estates or t	rusts only)		
35	Rhode Island income tax from page 1, line 8												
36	Income from other state. If more than one state, see instructions								36				
37	Modified federal total income from page 1, line 5												
38	Divide line 36 by line 37							38	•				
39	Multiply line 35 by line 38							39					
40	Tax	Tax due and paid to other state Insert abbreviation for name of state paid					40						
41	1 Maximum tax credit (line 35, 39 or 40, whichever is the <b>SMALLEST</b> ). Enter here and on RI-1041, page 1, line 11.								1. 41				