

RI-1040 Rhode Island Resident Individual Income Tax Return

2001

Name and Address please print or type	First Name	Initial	Last Name	Your Social Security Number
	Spouse's First Name	Initial	Last Name	Spouse's Social Security Number
	Present Home Address (Number and Street, Including Apartment No. or Rural Route)			Daytime Telephone Number ()
	City, Town or Post Office	State	Zip Code	City or Town of Legal Residence

Electoral Contribution	\$5.00 (\$10.00 if a joint return) See instructions. NOTE: this will not increase your tax or reduce your refund. Check one.	<input type="checkbox"/> Yes <input type="checkbox"/> No	If you wish the 1st \$2.00 (\$4.00 if a joint return) to be paid to a specific party, check the 1st box and fill in the name of the political party. If you wish it to be paid to a nonpartisan general account, check 2nd box. Nonpartisan general account
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Filing Status	Check only one box: <input checked="" type="checkbox"/> 1 Single <input type="checkbox"/> 2 Married filing joint return (even if only one had income) <input type="checkbox"/> 3 Married filing separate return <input type="checkbox"/> 4 Head of Household (with qualifying person) <input type="checkbox"/> 5 Qualifying widow(er) with dependent child
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Income	1. Federal AGI (Adjusted Gross Income) - Federal Form 1040, line 33; 1040A, line 19; 1040EZ, line 4; Telefile item I.....	1.		
	2. Net modifications to Federal AGI (If no modifications, enter zero on this line) - Page 2, Schedule I, Line 25.....	2.		
	3. Modified Federal AGI - combine lines 1 and 2 - (add net increases or subtract net decreases).....	3.		
	4. Federal deductions - Federal Form 1040, line 36; 1040A, line 22; 1040EZ, line 5; Telefile item J (first box).....	4.		
	5. Subtract line 4 from line 3.....	5.		
	6. Federal exemption amount - Federal Form 1040, line 38; 1040A, line 24; 1040EZ enter zero; Telefile item J (second box).....	6.		
	7. RI taxable income - subtract line 6 from line 5.....	7.		

Tax and Credits	8. RI income tax <input checked="" type="checkbox"/> RI Tax Table or RI Tax Rate Schedules <input type="checkbox"/> RI Schedule D <input type="checkbox"/> RI Schedule J.....	8.		
	9. RI alternative minimum tax - Form RI-6251, page 4, line 10.....	9.		
	10. Total RI income tax - add lines 8 and 9.....	10.		

Attach Forms W-2 and 1099 here.	11. A. RI percentage of allowable Federal credits - from page 2, schedule II, line 34.....	11A.		
	B. Other RI credits - indicate credit form numbers _____ attach forms.....	11B.		
	C. RI credit for income taxes paid to other states - from page 2, schedule III, Line 41.....	11C.		

Enclose, but do not attach any payment. Also, please use Form RI-1040V.	12. Total RI credits - add lines 11A, 11B, and 11C.....	12.		
	13. RI income tax after credits - subtract line 12 from line 10 (not less than zero).....	13.		
	14. RI Use/Sales tax - page 4, schedule T-205P, line 31. (see instructions).....	14.		
	15. Total RI tax - add lines 13 and 14.....	15.		
	16. RI checkoff contributions - page 2, schedule IV, line 42G (contributions will reduce your refund or increase your balance due)	16.		
	17. Total RI tax and checkoff contributions - add lines 15 and 16.....	17.		

Payments and Property Tax Relief Credit	18. A. RI 2001 income tax withheld (Please attach forms - W-2, 1099, etc.).....	18A.		
	B. 2001 estimated tax payments and amount applied from 2000 return.....	18B.		
	C. Property tax relief credit - from RI-1040H, line 15 or 22 (attach form RI-1040H).....	18C.		
	D. Other payments.....	18D.		
	E. Total payments and credits - add lines 18A, 18B, 18C, and 18D.....	18E.		

Amount Due	19. If line 17 is larger than line 18E, SUBTRACT line 18E from line 17. This is the amount you owe. Complete RI-1040V.	19.		
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Refund	20. If line 18E is larger than line 17, subtract line 17 from 18E. This is the amount you overpaid.	20.		
	21. Amount of overpayment to be refunded.....	21.		
	22. Amount of overpayment to be applied to 2002 estimated tax.....	22.		

RETURN MUST BE SIGNED - SIGNATURE LINE IS LOCATED ON PAGE 2

SCHEDULE I RI MODIFICATIONS TO FEDERAL AGI

2001

23. A. Modifications increasing Federal AGI - income from obligations of any state or its political subdivisions, other than RI (attach documentation).....	23A.			
B. Other modifications increasing Federal AGI (see instructions - attach documentation).....	23B.			
C. Total modifications increasing Federal AGI - add lines 23A and 23B.....	23C.			
24. A. Modifications decreasing Federal AGI - income from obligations of the U.S. government included in Federal AGI but exempt from state income taxes (attach documentation).....	24A.			
B. Other modifications decreasing Federal AGI (see instructions - attach documentation).....	24B.			
C. Total modifications decreasing Federal AGI - add lines 24A and 24B (enter as a negative amount).....	24C.	()
25. Net modifications to Federal AGI - combine lines 23C and 24C (enter here and on page 1, line 2).....	25.			

SCHEDULE II ALLOWABLE FEDERAL CREDITS

26. RI income tax - page 1, line 10.....	26.			
27. Foreign tax credit - Federal Form 1040, line 43.....	27.			
28. Credit for child and dependent care expenses - Federal Form 1040, line 44; 1040A, line 27.....	28.			
29. Credit for the elderly or the disabled - Federal Form 1040, line 45; 1040A, line 28.....	29.			
30. General business credit(s); mortgage interest credit; credit for prior year minimum tax; empowerment zone employment credit; qualified electric vehicle credit - Federal Form 1040, line 50.....	30.			
31. Federal earned income credit - Federal Form 1040, line 61a; 1040A, line 39a; 1040EZ, line 9a; Telefile item L (second box).....	31.			
32. Total - add lines 27, 28, 29, 30 and 31.....	32.			
33. Tentative allowable Federal credits - multiply line 32 by 25.5%.....	33.			
34. Maximum credit (line 26 or 33 whichever is smaller) - Enter here and on page 1, line 11A.....	34.			

SCHEDULE III CREDIT FOR INCOME TAXES PAID TO ANOTHER STATE

NOTE: Attach a signed copy of the other state return.

35. RI income tax - (page 1, line 10) less allowable Federal credits - (page 2, line 34).....	35.			
36. Adjusted Gross Income from other state. If more than one state - see instructions.....	36.			
37. Modified Federal AGI - page 1, line 3.....	37.			
38. Divide line 36 by line 37.....	38.			
39. Tentative credit - multiply line 35 by line 38.....	39.			
40. Tax due and paid to other state..... (see specific instructions)..... Insert name of state paid <input type="text"/>	40.			
41. Maximum tax credit (line 35, 39 or 40 whichever is the smallest) Enter here and on page 1, line 11C.....	41.			

SCHEDULE IV RI CHECKOFF CONTRIBUTIONS

NOTE: Contributions will increase your balance due or reduce your refund.

42. A. Drug Program account.....\$1.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> Other <input type="checkbox"/> \$ <input type="text"/>	42A.			
B. Olympic Contribution \$1.00 (\$2.00 if a joint return)..... Yes <input type="checkbox"/> No <input type="checkbox"/>	42B.			
C. R.I. Organ Transplant Fund.....\$1.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> Other <input type="checkbox"/> \$ <input type="text"/>	42C.			
D. R.I. Council on the Arts.....\$1.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> Other <input type="checkbox"/> \$ <input type="text"/>	42D.			
E. R.I. Nongame Wildlife Appropriation.....\$1.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> Other <input type="checkbox"/> \$ <input type="text"/>	42E.			
F. Childhood Disease Victims' Fund.....\$1.00 <input type="checkbox"/> \$5.00 <input type="checkbox"/> \$10.00 <input type="checkbox"/> Other <input type="checkbox"/> \$ <input type="text"/>	42F.			
G. Total Contributions - add lines 42A, 42B, 42C, 42D, 42E and 42F - Enter here and on page 1, line 16.....	42G.			

Under penalties of perjury, I declare that I have examined this return, and to the best of my knowledge and belief, it is true, correct and complete.

Your Signature <input type="text"/>	Date <input type="text"/>	Spouse's Signature <input type="text"/>	Date <input type="text"/>
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If you do not need forms mailed to you next year, check box. May the Division contact your preparer about this return? Yes No

PAID PREPARER'S SIGNATURE & ADDRESS SSN, PTIN or EIN Telephone Number